Lectures
ON
ORTHOPÆDIC SURGERY.

Delivered at St. George's Hospital, 1868.

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LECTURE I.—(*Continued.*)

PARALYSIS presents itself especially in three forms—namely, that which arises from organic change in the nervous centres; that which is known as myogenic paralysis, or the essential paralysis of infants; and paralysis from traumatic lesion of nerve-trunks.

Paralysis, whether hemiplegia or paraplegia, is observed at every age as a consequence of organic change. During infancy, paralysis not unfrequently occurs without evident cerebral disturbance, perhaps during sleep, or while a child is at play; often without previous indication to an ordinary observer, the child appearing to be in his usual state of health. Thus, I lately saw three cases which seemed to commence as follows. A child was playing in his father's garden, when suddenly he lost the power of his lower limbs: he was paraplegic. Another child was observed to squint; an epileptic seizure followed soon after, which was succeeded by paralysis of both the upper and the lower extremities. A third child was convulsed, and remained unconscious for several hours: in this case hemiplegia resulted. Now, whether deformity is occasioned by spasm or by paralysis, there is a certain amount of resemblance in the resulting distortion. For instance, paralysis of the right sterno-mastoid muscle will cause the muscle of the opposite side to contract upon itself, and draw the head down towards the shoulder of the same side, at the same time that the chin is rotated in the opposite direction. And spasmodic action of the sterno-mastoid muscle also occasions a similar distortion. Again, when the muscles on the anterior surface of the leg become paralysed, such as the tibialis anticus and the extensor longus digitorum, their antagonists—namely, the gastrocnemius and soleus, the tibialis posticus and flexor longus digitorum—gradually contract upon themselves, producing elevation of the heel with some inversion of the foot. And, as in the case to which I have already alluded, spasm of the extensors and the adductors of the foot produces a similar form of distortion. From long continuance in a contracted position, and a more or less unused condition of the muscles, structural shortening results; and ultimately fatty degeneration ensues, not of the paralysed muscles only, but also of those which are contracted.

In these cases of paralysis, a single muscle may alone be affected or a group of muscles; or an entire limb may be deprived of power, or the power of one side may be lost, or both the upper and the lower extremities may be simultaneously paralysed. Florid children are, perhaps, scarcely less frequently the subjects of these attacks than those who are weak and ill-nourished.

Cerebral symptoms are, for the most part, preceded by spastic contractions. These premonitory symptoms—such, for instance, as squinting—are, however, frequently overlooked, or their importance is not understood. The cause of irritation is therefore not recognised, and irreparable mischief, which perhaps might have been warded off, is allowed to occur.

Paralysis of one side of the trunk always gives rise to lateral curvature of the spine, the healthy muscles acting upon the vertebral column and drawing it away from the mesial line of the trunk. The length of the spinal curve will depend both on the extent and degree of loss of muscular power: a single curve may be formed when paralysis is general on one side, or, when it is confined to two or three muscles, the trapezius and the rhomboidei for instance, the curve will be compensated by a second curve. In the same manner, after amputation of the arm, the muscles of the shoulder become atrophic and lose their power, whereupon those of the other shoulder, not being duly balanced, exercise undue power on the spinal column, and curve it in the direction of their combined forces.

Loss of the power of motion is, however, only one form of paralysis. Another and a somewhat more rare form is loss of sensation. This loss of sensation may occur in a patch of skin only, or both lower extremities may be affected, or it may be even more general. When loss of sensation is partial and incomplete, walking is accomplished in a clumsy and awkward manner, with some support, such as a couple of sticks, or an arm; but should such a patient close his eyes while standing, he would probably drop to the ground. The limbs cannot be guided without the help of the eye, and the ground is felt imperfectly, and is not grasped, if one may say so, by the foot. This form of paralysis passes on rapidly, in many instances to extinction of sensation.

Infantile paralysis, or essential paralysis of infants, or myogenic paralysis, is very common during infancy, and it rarely occurs except at this period. It takes place without appreciable nervous lesion. After paralysis has existed for some considerable time, however, atrophy of the nerves which are supplied to the paralysed muscles takes place. Sensation is seldom impaired, but the power of motion is more or less lost. This form of paralysis usually occurs before two years of age, and it is caused for the most part by exposure to cold, such as is occasioned by throwing off the bed-clothes during sleep, through sitting on a stone seat, or other like cause. This loss of power usually occurs without pain; not unfrequently, however, there is febrile disturbance and acute pain, so that the child cannot bear the affected limbs to be touched. Perhaps, the extensors of the leg and the flexors of the foot are more frequently affected than any other groups of muscles in this form of paralysis. I have lately seen a case in which, in addition to the extensors of both legs and the flexors of both feet, the deltoidei, the trapezii, and the rhomboidei were paralysed. With care in the commencement of the attack these cases of myogenic paralysis usually yield rapidly to treatment, and recovery of muscular power is then for the most part complete. When they are neglected, however, paralysis continues, and contractions with deformity result.

Traumatic lesion of nerve-trunks is a rare cause of distortion. I have known talipes calcaneus to be produced by the removal of a portion of the internal popliteal nerve, together with a tumour from the ham; and gunshot wounds occasionally give rise to somewhat similar results. Such lesions are seldom remediable. Fortunately they occur but seldom.

Besides the causes already mentioned, inflammation and debility are common sources of non-congenital deformities.

Inflammation.—In the entire category of deformities to which I shall have to call your attention none is more frightful to witness than that which results from a severe burn. The chin is bound down perhaps upon the breast, as in Mr. Henry Lee's case in Wright's ward. Or, not unfrequently where destruction of the integument is somewhat more extensive, and consequently where contraction is somewhat greater, the lower lip is drawn down to its utmost limit. The saliva cannot then be retained, the teeth are forced outwards, and the aspect is rendered even more hideous than in the former case. Loss of substance, where the destruction of integument is considerable, especially from burns, is followed by contraction and deformity; but the amount of deformity depends rather on the position than on the extent of the injury. Burns of the neck produce perhaps the greatest amount of deformity, for contraction takes place with cicatrisation, and even after cicatrisation is complete; and although the face itself may not have been touched with fire, the mouth being drawn down and the eyelids drawn down, the resulting deformity is very great. With the greatest care and attention, it is in many instances impossible to prevent deformity; yet something may always be done to prevent the terrible results to which allusion has now been made; and if contraction has taken place the deformity may yet be remedied whilst the cicatrix is recent. You will remember among the out-patients, S. B——, aged sixty, who had been burnt extensively on the back and breast and in the axilla, and whose arm was bound down to her side by adhesions, so that she had no power to move it from her side, nor to raise her hand; and you will remember how, by gradual extension she not only entirely regained the use of her arm, but the web which had formed entirely disappeared.

Again, a chilblain, or an ulcer, in healing, may occasion adhesions to form, which restrict motion and produce deformity. The muscles of the calf of the leg are more frequently affected than others in this manner. Incised and punctured wounds when they occasion suppurative inflammation, and gunshot wounds through the destruction of tissues, also give rise to various deformities. And I must not omit to mention the viper-bite; for although we rarely see any ill effects produced in this country, yet you have lately seen a notable instance in

a patient in Grosvenor ward, who, having been bitten by one of these creatures, suffered from inflammation in several joints, which resulted in anchylosis; as well as from contraction of the gastrocnemii, which necessitated the subcutaneous section of the tendons.

Rheumatic inflammation, especially of the structures in the sole of the foot and in the palm of the hand, is of every-day occurrence. The fingers are drawn down into the palm of the hand, and the plantar fascia becomes thickened and contracted. But, also, rheumatic and other forms of inflammation produce an extensive series of deformities through the disorganisations to which they give rise in the various articulations, occasioning permanent muscular contractions, with perhaps partial anchylosis. Complete anchylosis is the result of more entire disorganisation; it is, however, rare.

Debility is among the most common causes of deformity. Hence are produced flat foot, knock-knee, and curvature of the spine. Those who are compelled to stand for many successive hours, such as compositors, errand-boys, &c., are liable to contract this painful affection, the plantar ligaments yielding, and permitting the arches of the feet to sink. And in a similar manner the internal lateral ligament of the knee-joint yields, while the outer hamstring becomes tense, and knock-knee results. Again, during convalescence, and while growth is rapid, lateral curvature of the spine is very common. Thus a weakly child, if it be treated as a stronger companion, will probably acquire some irregularity of form; but the particular form will depend on the habits of the child. Let us suppose that, through standing or walking much, flat foot has been induced (and this is an affection very frequently met with in children); a sense of weakness in the limb is caused by the loss of the arch of the foot, the child stands more on one foot than on the other, knock-knee is in consequence superadded, and necessarily the pelvis then becomes oblique. But an oblique pelvis must occasion curvature of the spine.

In infancy posterior curvature of the spine is induced by debility. The muscles of the back and the neck not having sufficient power to support the head and trunk, the head falls forward on to the breast, and the spine is curved forward in its entire length. Also in youth and in old age a stoop is induced by a similar cause.

The affections of the osseous system into which I have to inquire are rickets and scrofula.

Rickets.—In consequence of the derivation of the term rickets it is commonly supposed that this disease affects especially the vertebral column. It is an error, however, to suppose that rickets frequently affects the spine. Sir Benjamin Brodie, in his lectures on Curvatures of the Spine, which were delivered in the theatre of this hospital, said, "It was the prevailing opinion formerly, and I believe that some hold the opinion still, that the common cause of a lateral curvature of the spine is a rickety condition of the bones. This view of the pathology of the disease is not confirmed by the specimens preserved in the museums of morbid anatomy; and no one who has seen much of these cases in the living person can doubt that the fact is otherwise. We are not, therefore, justified in regarding rickets as the common, or even as a frequent, cause of spinal curvature; nevertheless, it is the cause of it in a few instances."

Rickets is seen not uncommonly at birth. Occasionally it occurs with some deficiency, as of one or more toes, with their corresponding metatarsal bones, or of fingers, with, perhaps, clefts through the palm to the carpus. Together with these abnormalities, partial displacement of an articular surface, as the knee, and talipes in some form, may perhaps exist. Also, in these cases of congenital rickets it is not uncommon to find a peculiar and sharp projection of the tibia: so sharp, indeed, is the projection sometimes, that it appears almost as though the bone had been broken. There is also a corresponding indentation of the skin, as though it had been punctured. The softened bone is bent sharply, and the skin is thereby injured, and becomes more or less adherent to the periosteum.

Rickets is rarely developed in the infant while it is being suckled by its mother—that is to say, whilst it is well fed and warmly clothed, except it be at the same time fed with vegetable or other indigestible matter. Rickets is a general disease, and not a disease of the skeleton only, and it abounds in all large and ill-fed communities. It is the result of poverty, bad food, and worse ventilation and drainage. Rickets is, for the most part, developed between the sixth and the eighteenth month, and it is seldom known to attack after puberty. I have observed and tabulated 500 cases of this disease, and I find that female children are attacked considerably in excess of the males, and also that the bones appear to be more extensively affected than in male children. Thus of 28 cases of deformity of the pelvis, 2 only occurred in males. The following is the table which I have constructed to show the periods at which rickets commences:—

At birth	26
Between the second and the sixth month	16
Between the sixth and the twelfth month	229—271
In the course of the second year	134
" " third year	43
" " fourth year	26
" " fifth year	15
From the sixth to the twelfth year	11—229
	500

Of these cases 326 were females and 174 were males.

From this table it will be seen that a large majority of cases of rickets occurs before the first year is complete.

When the disease has shown itself early, the child is languid and unable to stand. He then moves about on the floor in a sitting posture, and bends the arm bones by leaning on them; and in crawling the leg bones are curved above the malleolus as he pushes himself along the floor, and this bowing of the leg bones is increased when he is able to stand and bear the weight of his body upon his feet.

In *Scrofula* tuberculous matter is deposited in the medullary cavities and in the cancellous structure of the bones. The cancelli become dilated, and are filled with exudation, which eventually breaks down; abscess forms, and necrosis follows, with ulceration of the articular cartilages. In this disease the bones become soft and spongy, charged with oily matter, and light in substance. Moreover, the bloodvessels are increased in size, so that when meddled with, as for the removal of necrosed portions of bone, they bleed freely and often profusely. But, notwithstanding that a scrofulous bone becomes light and thin, and is deprived of some of its salts of lime, it never becomes curved, as in rickets. In these circumstances, the main distinctions between scrofula and rickets are to be found—namely, that in scrofula inflammation passes on to produce abscess, while in rickets abscess is never produced in the course of the disease, but curvature and deformity result.

I shall have to recur to the subject of scrofulous affections when I come to consider angular curvature of the spine.

THE INFLUENCE OF QUININE ON THE TEMPERATURE OF THE HUMAN BODY IN HEALTH.

BY H. C. GELL, M.R.C.S., L.S.A.,
AND
SYDNEY RINGER, M.D.

As very much has of late been both written and said of the power which quinine possesses to lower the temperature in most fevers, as pyæmia, typhoid fever, &c., it appeared to the authors of this paper to be a question of interest how far this remedy, even in large doses, is capable of affecting the temperature in health. It must be clear to all persons that in disease there are new conditions present, which medicines may be able to control, and hence a drug may possess a very different power over a diseased body than over a healthy one. The conclusions, therefore, obtained from these observations by no means show that the same effects would be obtained in disease. The authors were most careful to conduct their observations with every precaution, to prevent any accidental and preventable circumstances affecting the observations.

The subjects of these investigations were a boy and a girl; the former ten years of age, and the latter thirteen. Both kept their beds the entire day on which the quina was given them; and the thermometer, which was placed in the axilla at 9 A.M., was retained there till 8 or 9 in the evening, the children being fed while lying down in bed. The temperature was read off at least each quarter of an hour by one or other of the observers. The girl was healthy; the boy recently recovered from rheumatic fever, which left behind it a slight mitral regurgitant murmur. His heart beat very quickly—as often as 110 in the minute.

We now give the effects obtained by the quina on the temperature in the following tables:—

On the Boy—

On three occasions he took 10 grs. of quina.

	Fall in temperature.	Rise in temperature.
Dec. 7th	None	None
,, 10th, morning ...	0·2°	None
,, 10th, afternoon ...	None	0·2°

On the Girl—

Dec. 6th ... 8 grs.	0·2°	...	None
,, 7th ... 10 grs.	None	...	gradual to 0·6°
,, 10th ... 12 grs.	None	...	None
,, 11th ... 20 grs.	1·0°		
,, 12th ... 20 grs.	0·4°		

From this table it appears quina does possess the power to reduce the bodily temperature; but to do so in any degree, large doses, as of twenty grains, must be given, and even then the depression is only slight, and may not amount to half a degree Fahr.

Next as to the time after the administration at which the depression began, and how long it continued:—

On the Boy—

	Dose.	Depression began in	Amount.	Lasted
Dec. 10th ...	10 grs.	1 h. 45 m.	0·2°	2 hrs.

On the Girl—

Dec. 6th ...	8 grs.	80 min.	0·2°	30 min.
,, 11th ...	20 grs.	55 min.	1·0°	3h. 15m.
,, 12th ...	20 grs.	80 min.	0·4°	45 min.

It thus appears the depression occurs in all instances at about the same time; and this similarity in time makes it probable that the slighter falls of 0·2° Fahr. were really due to the quina, and not to accidental causes, as shifting of the thermometer or exposure of the body.

The authors think they may conclude from these observations, although they are few in number, that even after large doses of quina, such as twenty grains, the depression of the temperature in health is very slight, and in some instances of very short duration.

Influence on the Pulse.

Boy.—The pulse was always so very rapid that in this respect he can scarcely be said to have been in health. It usually beat 110 in the minute. On the day when two doses were given to him the pulse was not altered in frequency on either occasion; on both, however, the strength of the pulse fell. On another day, as has been mentioned, he took but one dose of ten grains. For fifty minutes afterwards the pulse fell a little in frequency and gained in strength. The fall was from 108 and 112 to 104 and 96. After this it beat 120 in the minute, and at the same time lost in strength.

Girl.—Her pulse beat from 64 to 68 in the minute.

	Dose.	Rise began in	Rose to
Dec. 6th ...	8 grs.	... 35 min.	 72
		(In 55 min. it had risen to 92)	
,, 7th ...	10 grs.	... 15 min. (?)	
,, 10th ...	12 grs.	... 95 min.	
,, 11th ...	20 grs.	... immediately	
,, 12th ...	20 grs.	... 50 min.	

In the last observation the pulse diminished in frequency for about thirty minutes.

The time at which the maximum frequency was reached varied. On Dec. 6th it was reached in 55 min.; on the 7th, in 15 min. (?); on the 10th, in 120 min.; on the 11th, in 65 min.; on the 12th, in 100 min.

It thus appears that the time the pulse begins to be affected, and the time it is most influenced, is not in these cases related to the size of the dose. As there are so many circumstances which influence absorption from the intestinal canal, this fact will excite no astonishment.

In the case of the girl the pulse fell again on Dec. 7th in 170 min.; on the 11th in 195 min.; on the 12th it did not fall much. On no occasion did it return to the primary frequency it possessed in the morning before the quina was given, but the evening increase over the morning pulse was not greater than occurs in health. On those two occasions on which the temperature was decidedly depressed, the pulse beat at the fastest when the temperature began to fall, and became less frequent again when the depression in the temperature was attained. On every occasion, with the increase in the rapidity of the pulse there occurred also a loss of strength. On two occasions, when the pulse was at its quickest, the pulse became for a short time irregular and intermittent. On other two occasions the pulse, at first after the administration of the quina, beat a little slower, and also grew in strength; but this temporary loss in frequency and gain in strength was soon followed by the opposite circumstances.

Other symptoms noted were—

Noises in the ears: buzzing sounds, and as if bells were ringing.—In the first and third experiments with the lad these did not occur. In the second, he complained of noises, which commenced 35 minutes after the medicine was taken, and lasted about 5 minutes. The dose on each occasion was 10 grs.

With the girl the phenomenon occurred on every occasion. When 8 grs. were taken, it began in 110 min., and lasted 60 m.; 10 grs., began in 120 min., lasted 80 min.; 12 grs., began in 40 min., lasted 185 min.; 20 grs., began in 15 min.; 20 grs., began in 40 min. On some occasions the buzzing sounds discontinued for a time, and then returned. In the first four observations the buzzing noises began a considerable time before the headache or dimness of sight.

Headache.—With the boy, during the first and third experiment no headache occurred. On the second occasion he complained of the pain in 25 minutes after the quina was given him; it lasted about 5 minutes, and then entirely left him.

With the girl, after the administration of 8 grs., headache began in 170 min.; 10 grs., in 175 min.; 12 grs., in 95 min.; 20 grs., in 30 min.; 20 grs., in 15 min.

The pain generally began after the pulse began to be influenced, but it was felt before the pulse had attained its greatest rapidity.

Dimness of sight.—With the boy, none such occurred on the three occasions of his taking quina.

With the girl, when 8 grs. were taken, none occurred. 10 grs., of left eye only, and began in 177 min., lasting 40 min. 12 grs., none occurred. 8 grs., she complained of dimness, first of the left eye, and then of the right; in this latter it continued after it had disappeared from the former. 20 grs., appeared in 20 min., first in right, and then in left eye; it lasted 160 min. 20 grs., appeared in 25 min., in right eye only; it lasted 105 min.

It thus seems the dimness of sight appeared much about the same time with the headache.

The quinine sometimes made the children feel a little sick, and twice vomiting occurred in the evening following the administration of quina.

ON

AMPUTATION OF THE THIGH BY SEPARATION OF THE LOWER EPIPHYSIS.

BY GEORGE BUCHANAN, A.M., M.D.,

SURGEON TO GLASGOW ROYAL INFIRMARY, PROFESSOR OF ANATOMY IN ANDERSON'S UNIVERSITY, ETC.

IN cases of injury or disease demanding amputation in the lower part of the thigh, the operation known as "Carden's" is generally admitted to give the best results, both as regards safety and the shape of the stump. My own experience, especially during the past two years, in which I have operated many times, is decidedly in favour of that method when practicable.

But I desire to call attention to a method of dividing the bone in patients under puberty, which I have practised most successfully in two cases, and which I intend to adopt in all similar instances.

CASE 1.—A boy, aged ten, had his leg crushed by machinery close up to the knee. I performed amputation by a long anterior flap. After I had cut through the soft parts, I drew the knife round the condyles to divide the periosteum, where I meant to apply the saw, when I found that it passed into the soft cartilage separating the inferior epiphysis from the shaft of the femur. I laid aside the knife, and by using gentle force easily broke off the epiphysis, leaving the shaft with a rounded end, in which neither cancelli nor medullary cavity were exposed. The wound healed with great rapidity, and it was the most perfect stump I ever saw.

CASE 2.—A boy, aged twelve, was admitted under my care

in May, 1868, with disease of the knee-joint. Treatment failed to arrest its progress, and in the beginning of October there was evidence of degeneration of the cartilages. Amputation was imperative. The operation was performed in the same way as in the last case; this time the separation of the epiphysis being kept in view from the first. A large anterior flap was formed by entering the knife at the condyle, extending a straight incision about three inches perpendicularly downwards; then making a semilunar sweep in front of the tubercle of the tibia, and carrying the knife in a straight line to the condyle opposite the point of entrance. A semilunar posterior flap, half the size, was then made. The knife was then drawn round the cartilaginous interval between the shaft and the epiphysis, and sunk into it a short way. By now pressing my thumb-nail into the groove thus made, I had no difficulty in breaking off the lower epiphysis, leaving the shaft of the femur with a rounded end, in which neither cancelli nor medullary cavity were exposed. The femoral artery was effectually secured by torsion, as also three small vessels. The edges of the wound were brought together by silver sutures. The patient was placed in bed, with the stump resting on a pillow, no dressing of any kind being applied, as is my usual practice in managing such cases. The stump promises to be as perfect as in the last case.

Three advantages seem to me to attach to this plan, which is applicable to all cases of amputation of the thigh in patients under puberty.

1st. The shape of the end of the bone renders the stump exceedingly favourable for the adjustment of an artificial leg.

2nd. The end of the bone, being rounded, nodular, and smooth, needs little, if any, alteration by reparative processes during the cure.

3rd. The risk of purulent absorption and pyæmia, which always attends the exposure of the cavity of a bone, whether cancellated or medullary, is in this form of amputation absent, so far as the bone is concerned.

I therefore commend this operation to the attention of practical surgeons in operating on patients under puberty.

Glasgow, October, 1868.

NEW FORCEPS FOR OPERATIONS ON THE EYE.

BY C. BADER, ESQ.,
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DURING operations on the eye, it is often essential that the eyeball should be well steadied. In many persons suffering from chronic glaucoma, and in some with senile cataract (but normal tension of the eyeball), a peculiar condition of the conjunctiva and subconjunctival tissue is observed. These tissues, when taken hold of in such cases, tear very readily. This is often accompanied by hæmorrhage; sometimes to such an extent as to render the further steps of the operation difficult. This rotten condition of conjunctiva and subconjunctival tissue renders these tissues unfit to be used for steadying the eyeball. The conjunctiva may be torn all round the cornea in fruitless attempts to fix the eyeball; and it is just in such cases that a thorough fixation is required to proceed satisfactorily with an operation. In several such cases I have failed, previous to using the new forceps, in obtaining the object of my operation.

The forceps are made by Messrs. Weiss, of the Strand. The shape of the body of the forceps was at first that of the one usually employed in operations on the eye. Several modifications in body and shape and sharpness of teeth have led to the large forceps represented in the subjoined figure. This forceps has, for more than twelve months, been used by assistants of mine, by other surgeons, and by myself at numerous operations on the eye. The body of the forceps is a copy of the one used at Guy's Hospital for the extraction of eyelashes. The branches are broad near the points. This gives full control over the points. The points are sufficiently sharp to enter the sclerotic under moderate pressure. The object of the forceps is to take hold of the sclerotic.

To "fix" the eyeball the sclerotic must be seized close to

the margin of the cornea, so that, if the points of the forceps should completely pierce the sclerotic, they may pass into the aqueous chamber in front of the iris. (This accident has occurred once among numerous operations. Some aqueous humour escaped; further escape was prevented by pushing the points deeper into the aqueous chamber.) To seize the sclerotic, we take hold of the branches of the forceps as is usual in operations on the eye, taking care to place the fingers close to the points. The points, being held at a distance from each other of from the sixteenth to the twelfth of an inch, are placed perpendicularly upon the sclerotic, as near the margin of the cornea as possible. Pressure is then made, which should cause the points to enter into the sclerotic. The eyeball under this pressure generally recedes into the orbit. The sclerotic and conjunctiva are closely adherent to each other next the margin of the cornea; this facilitates our watching the points of the forceps as they enter the sclerotic. Practice soon teaches how much the points need be pushed into the sclerotic so as to obtain a secure grasp of that tunic. The forceps are closed as soon as the points have been pushed into the sclerotic to the necessary depth. So firm is this mode of fixation, that an incision through the cornea may be made with ease, by drawing with the forceps the eyeball towards the knife, instead of pushing the latter forwards. These forceps should not be used when once the aqueous humour has escaped.

Iris forceps.—During the removal of portions of iris—e. g., by the operation of iridectomy—difficulties sometimes arise from a morbid condition of the iris-tissue. (*a*) In the later stages of chronic choroido-iritis, especially in the form described as sympathetic iritis, we find the iris-tissue stiff, entirely deprived of its elasticity, and glazed over with a transparent smooth substance. (*b*) Again, cases occur of firm adhesion of the iris to opaque tissue (occupying part of the cornea), or to the cornea itself. (*c*) Not unfrequently we meet cases of glaucoma in which, though iridectomy had been performed, and perhaps the crystalline lens removed, increased tension of the eyeball continues.

In cases belonging to groups *a*, *b*, or *c*, it may be desirable to remove some iris. To obviate difficulties, which are sometimes experienced in doing so, I had forceps made with sharp points, as shown in the engraving. In all cases in which I failed to remove iris with ordinary iris forceps, I succeeded in doing so with these forceps. The branches of the forceps are the same as those of ordinary iris forceps. The mode of manipulation is the same as that of the ordinary iris forceps. These forceps should not be used if it is of consequence that the crystalline lens should be left intact, though I believe that, by careful management, iris may be removed also with these forceps without wounding the capsule of the crystalline lens.

Finsbury-circus, Oct. 1868.

DR. NELATON has received from the King of Prussia a handsome porcelain vase, from the Royal Berlin Manufactory, as an acknowledgment of his professional services to Count de Goltz, his Majesty's ambassador in Paris.

ACCORDING to the "Jamaica Guardian," Dr. Allen, the medical superintendent of the Lunatic Asylum in that island, is achieving most satisfactory results by the employment of the inmates in remunerative occupations.

TRAUMATIC TETANUS TREATED BY THE TINCTURE OF THE CALABAR BEAN.

BY C. V. RIDOUT, M.R.C.S.

MR. L——, a farm bailiff, aged forty-seven, of good constitution and temperate habits, when returning home on the evening of April 29th, was thrown from his horse in consequence of the animal shying, and fell upon his hands. When I saw him I found him suffering from a compound dislocation of the first phalanx of the left thumb, with extensive injury of the ligaments and muscles of the right wrist, but without fracture. There was also a simple dislocation of the first phalanx of the right fourth finger backwards, and a slight wound over the right eyebrow, but without any symptom of concussion or other injury of the head. The dislocations were reduced with some difficulty, owing to the nervous temperament of the patient; but he progressed favourably till May 12th, when some threatenings of tetanus were observed in the form of pain and stiffness at the back of the neck. These symptoms increased till on the 17th May the jaw was firmly fixed; the teeth could not be separated more than a quarter of an inch, and the patient could only swallow liquids from a spoon. There were occasional twitches of the face, clenching of the hands, and great restlessness.

May 18th.—Mr. S. Lane, of St. Mary's Hospital, saw the patient with me in consultation, and recommended a trial of the extract of Calabar bean, as recently advocated by Dr. Eben. Watson, of Edinburgh. A solution was made by rubbing down eight grains of the extract in an ounce of spirits of wine, of which ten minims, equivalent to one-sixth of a grain of the extract, were given every hour.

19th.—Has passed a quieter night, and slept twice for two hours; pulse 80, regular; can speak distinctly, but cannot open his mouth wider than yesterday; complains of pain in the back; wound in the thumb looking well.

20th.—Symptoms much the same; takes nourishment freely, but has some difficulty in swallowing; pulse 80; bowels relieved.

21st.—Two A.M.: I was sent for to see him, and found him unable to lie down from a sense of suffocation; had twitching in the throat, and the risus sardonicus was well marked; pulse 100. Increased the dose of Calabar bean to fifteen minims every hour. Bowels open; urine passes freely.—Eight P.M.: Pulse down to 80; has had some sleep, but the twitchings continue; has found relief from a bladder of ice applied to the back of the neck.

22nd.—Seven A.M.: Has passed a better night; twitchings less, but is still afraid to lie down. Dose of Calabar bean increased to twenty minims (one-third of a grain of the extract) every hour.—Eight P.M.: Twitchings and sense of suffocation relieved; has been able to lie down and sleep for an hour. The same dose to be continued every two hours during the night; ice-bladder continued.

23rd.—Tetanic symptoms decidedly less, but there is a good deal of mucous expectoration. Same dose of the bean continued.

24th to 29th.—Suffered from occasional paroxysms of spasm, but with no material aggravation or mitigation of the symptoms.

26th.—The dose was increased to thirty minims (half a grain of the extract); nourishment taken freely; pulse not more than 80 at any time.

29th.—Had a severe seizure at two P.M.; teeth firmly clenched, with cramps of hands and feet. Dose increased to forty minims (two-thirds of a grain of the extract).

30th.—Passed a good night; spasms subsided; suffers much from cough and expectoration; is decidedly weaker; bowels acted twice involuntarily; pulse 120.

31st.—Had more difficulty in swallowing during the night, apparently from the accumulation of mucus; was seized with convulsions and choking at five A.M., and died two hours afterwards.

The Calabar bean was tried in this case in consequence of the very successful results obtained from its use by Dr. Eben. Watson, as recorded in THE LANCET for April 4th and 11th, 1868. Dr. Watson there mentions six instances in which it was employed, and in five of these recovery took place. I much regret that this case cannot be added to the list of its successes, although it had a fair trial, and the doses given were considerable. It appeared to retard the progress of the case and to mitigate the severity of the symptoms, but never completely to control them.

Egham, July, 1868.

A SPRING PESSARY FOR THE RELIEF OF RETROVERSION AND RETROFLEXION OF THE UTERUS BY ACTIVE EXTRA-UTERINE SUPPORT.

BY WILLIAM MURRAY, M.D., M.R.C.P. LOND.

THE pessary I have had made for the above displacement of the uterus is a modification of a more simple instrument largely used by Sir James Simpson. My instrument possesses the very important advantage of affording active support to the body of a retroverted uterus, so as to lift it into the erect position. It does this by the opening of its blades by a spring at its point, so that as the upper blade rises from the lower it carries the uterus with it. The instrument is made of steel wire (pianoforte wire is the best), coated with gutta-percha, or run through a piece of india-rubber tubing, and bent anteriorly as it turns from the upper to the lower blade, so as to possess a spring powerful enough to open its blades with more or less force. It is evident that we have here an advantage essential to the relief of persistent retroversion—viz., an active supporting power which shall do something more than bear the weight of the uterus, by interposing between it and parts able to bear its weight. We lift and maintain the organ in its place by active and yielding pressure—i. e., by an elastic support.

Having used this pessary in several very difficult cases with complete success, I can now speak confidently of its efficacy and safety. When covered with the india-rubber tubing, the supporting surface is soft and cushion-like; but when covered with the gutta-percha, it gives a firmer and more powerful support: the former is adapted to a tender and irritable uterus; the latter to the organ in a less sensitive state. Specimens with the india-rubber coating may be had of Messrs. Weiss; and those covered by gutta-percha are made by Mr. Coxeter.

Clayton-street, Newcastle-on-Tyne, 1868.

ROYAL COLLEGE OF SURGEONS.—The Council of this institution announce that there are two subjects for the Jacksonian prizes of 20 guineas each, for competition among the members of the College for the present year, the first being "Pyæmia, after Injuries and Operations; its Pathology, Causes, Symptoms, Prevention, and Treatment." The subject for the second prize is "Amputations of the Limbs, the various Modes of Operation now practised, their relative Advantages, and the Methods of arresting Primary Hæmorrhage, &c." The Collegial Triennial Prize is the "John Hunter" medal, executed in gold, of the value of 50 guineas, or, at the option of the successful author of the dissertation, of the said medal executed in bronze, with an honorarium of £50. The subject for this prize is the "Anatomy and Physiology of the Organs of Taste and Smell in the Mammalia." During the past collegiate year the Council expended in prizes and lectures for the members, £214 10s.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

TWO CASES OF STONE IN THE BLADDER; ENORMOUS SIZE OF THE CALCULI.

EVERY now and then single instances are met with where a calculus of very large size has been found in the bladder, and where an operation has been performed for its removal; but it is rare that two such cases present themselves at the same hospital within so short a time as elapsed between those described below. The remarkable features in each case consist in the great size of the foreign body, the length of time it had existed, and the enormous amount of suffering produced, and in one case voluntarily borne by the patient. In the instance of the female patient, it is almost incredible that the existence of the foreign body should have been overlooked so long. It may be a question with some whether a surgeon was justified in endeavouring to remove so large a stone by operation; but considering that a stone, however large, may be much reduced in bulk by proper instruments working through an artificial opening into the bladder, it would scarcely be right to leave a patient to the terrible misery experienced in this case. There can be little doubt that in Mr. Henry Smith's case damage was done to the bladder, notwithstanding the extreme care taken to prevent this; but it must be borne in mind that the nucleus in this stone was a large mass of oxalate of lime, and that if it had been possible to break this in pieces there would not have been any need to use the kind of instruments or the force which was found actually necessary for the extraction of this large calculus. In Sir William Fergusson's case, although this surgeon was expecting to have to break the stone, and was prepared with a formidable lithotrite to do so if necessary, the stone was at least an ounce less in weight than in Mr. Smith's patient; and it was of such a shape, and fortunately lay in such a position, that it was caught and extracted entire by Sir William in one of the most masterly manœuvres, perhaps, ever witnessed in an operation for lithotomy.

(Under the care of Sir WILLIAM FERGUSSON.)

The patient, S. B——, a man of small build, fifty-five years of age, and presenting the aspect of considerable suffering, was admitted into King's College Hospital on October 19th. The irritation of the bladder was so great and continuous, that he was compelled to have a utensil constantly by him to allow of the escape of water. On examination with the sound, a stone was at once felt, apparently almost filling up the cavity of the bladder, but the instrument could be passed between the calculus and the bladder. The stone could be readily felt by the finger in the rectum. It appears that the patient had been suffering for nearly twenty years from the stone, and had been advised to undergo an operation, but had persistently refused, until his sufferings became so urgent as to render life insupportable.

Operation.—Oct. 24th: The patient being placed under the influence of chloroform, and secured in the lithotomy position, Sir William Fergusson introduced a large staff, grooved in the median line, and commenced the operation by making an incision on the left side of the raphé, carrying it downwards to the extent of four inches, and cutting deeply through the superficial tissues. He then applied the point of the knife to the upper part of this cut well above the anus, and carried the instrument across the raphé downwards and outwards to the right to the extent of an inch or more. The knife was then carried into the groove of the staff, and onwards into the bladder. The prostate on the left side being freely cut, a slight incision was then made on the right side of the gland. The finger was now used to dilate the internal wound, and, forceps of only moderate size being introduced, an attempt was made to seize the stone, but in vain. A second attempt was made, and the stone was seized, but the resistance was so great that the instrument slipped whilst the movement for extraction was being performed. Sir William Fergusson now very deliberately examined the position of the stone, and introducing the forceps a third time, obtained a firm grasp of the calculus, and by slowly and continuously practising the movements of extraction, well downwards in the direction of the axis of the pelvis and laterally, the entire stone was in a brief time extracted entire. The calculus weighed five ounces, was ovoid in shape, and flattish; its circumference measured eight inches, and its largest diameter upwards of three inches. It was caught in such a position that the blades of the forceps embraced the apex or lower angle of the stone, and thus was presented by the forceps and the stone almost a complete cone, and in this way the dilatation of the parts was effected in the best manner.

26th.—Patient doing well; pulse 98; no pain; has an attack of bronchitis; has suffered very little from shock.

(Under the care of Mr. HENRY SMITH.)

E. G——, aged thirty-eight, a widow, admitted into King's College Hospital Sept. 2nd. She states that about ten years ago she first experienced pain in the bladder, and other symptoms, which gradually increased in severity. She applied to an hospital for diseases of women, but she got no relief from her sufferings. She was subsequently treated for uterine disease elsewhere, but getting no relief she again applied to the hospital she had attended before; but it does not appear that the bladder was examined, although the uterus was. She then applied to Mr. Henry Smith, who suspected stone, and admitted her to the hospital.

On examination with the sound, a foreign body was struck about half way down the urethra, and on examining by the vagina the bladder appeared to be completely filled with a solid mass. The woman was closely questioned as to whether she had ever introduced any foreign body, but stoutly denied this. The patient was in the most pitiable condition, not having the slightest control over the bladder.

On a second careful examination which Mr. Smith made, it was found that the sound could be passed between the stone and the base of the bladder. It was found, on attempting to inject this viscus with warm water, that it would not contain more than a drachm or two.

The patient was kept quiet in bed for some little time, and on Saturday, Oct. 3rd, Mr. Henry Smith performed the operation as follows. A staff, grooved in the centre, was passed into the bladder, and there held by Mr. Wood. Mr. Smith then made an incision through the upper part of the vagina into the anterior portion of the urethra, and prolonged this for about an inch and a half backwards. On introducing the finger into the bladder he felt the stone filling up the cavity of the bladder. Finding it so large, he introduced a powerful lithotrite through the wound, and attempted to break the stone, but it was found impossible to open the blades sufficiently. A smaller lithotrite was passed through the urethra into the bladder, but it was useless to attempt to grasp this large stone within the blades. Mr. Smith then introduced a pair of powerful lithotomy forceps, and seized the stone, but it was at once seen that it would be impossible to extract it. However, in the attempt, portions of the phosphatic covering of the stone were brought away; and as it was now evident that the operation, if completed at all, could only be effected by lessening the size of the foreign body, Mr. Smith introduced a strong pair of bone forceps, and by repeatedly applying it, and using great force, he was enabled to break off all the outer covering of the stone, and bring it away, but the nucleus could not be broken. The opening in the bladder was now somewhat enlarged, and a scoop with a curved extremity was carried as carefully as possible behind the stone, and the latter was extracted.

The operation lasted upwards of half an hour, and the woman was greatly exhausted when she was put to bed.

The foreign body, when examined, and put together, was found to consist internally of a large nucleus of oxalate of lime, nearly as big as a billiard ball, and an external coating of phosphates. The mass that was collected weighed five ounces and a half, and numerous fragments were thrown away with the blood and lost during the operation.

The shock of the operation was very great, and twenty-four

hours afterwards she appeared to be rapidly sinking, but she rallied considerably, and on the 5th was much better; but she complained of severe pain in the abdomen, and died at 8 A.M. on the 6th.

Post-mortem examination. — On reflecting the abdominal walls there were evidences of extensive peritonitis, especially on the left side. The wound in the vagina and urethra was about one inch and a half long, and well away from the peritoneum. On examining the bladder it was found to be considerably thickened, and on each side the mucous membrane to the extent of at least half an inch had been separated. At the apex, and towards the left, the tissues were much soddened and in a sloughy condition, and readily admitted the finger. There was not any sacculation of the bladder. The right ureter was much dilated, and the corresponding kidney was converted almost into a cyst.

UNIVERSITY COLLEGE HOSPITAL.

(MATERNITY DEPARTMENT.)

A CASE OF CONTRACTED PELVIS WITH HEAD AND FOOT PRESENTATION; TURNING AND CRANIOTOMY.

(Under the care of Dr. GRAILY HEWITT.)

THE following interesting case is of recent occurrence. For the report of it we are indebted to Mr. Frederick White.

The patient, Mrs. B——, aged thirty-three, is small in stature, thin, and not a strong woman. Has had two children previously. The first was born dead on Oct. 4th, 1865, after she had been four days in labour. No instruments were used. There has been considerable laceration of the perineum, which probably took place in the first labour. The second child was born July 18th, 1867; the labour had lasted three days, and it appears that craniotomy was performed.

Mr. White was sent for at 1.15 A.M. on Oct. 6th, and on examination found the os uteri dilated to the size of a shilling, the patient having been in labour since 7 P.M. of the previous evening. At 3 A.M. the membranes ruptured spontaneously, the os uteri not being fully dilated. Previously to the rupture of the membranes Mr. White was unable to make out the presentation, but he then found that the head was presenting in the first position on the left side, and both feet were down on the right side, the right foot being lower than the left.

Mr. White at once sought the assistance of Mr. Mason and Mr. Hodgson, the obstetric assistant, who arrived at 4 A.M. Mr. Hodgson tried to reduce the feet; but was unable to do so, for the moment they were pushed back they immediately returned to their original position. He then decided to turn, and brought down the feet and body of the child in the abdomino-anterior position. There was then very considerable difficulty in bringing down the arms. The left arm was placed right across the back of the head, and the right was stretched out above the head. The left was brought down first, the right soon following. An attempt was then made to rotate the body; but when slight rotation had been effected, the head became fixed in the brim of the pelvis, the face looking towards the left sacro-iliac synchondrosis. Traction was employed for some time without any effect; and then the long, straight forceps were used. Mr. Hodgson succeeded in getting one blade on; but failed in attempting to apply the second. Dr. Graily Hewitt was then sent for, who, on finding the head fixed in the brim, decided upon perforating the head. The child had been dead for some time. The head was perforated just behind the mastoid process on the left side. There was some difficulty in doing so, from the thickening of the bones. At 7.30 the child was born. A considerable gush of blood followed along with the placenta, as the placenta had probably been separated for some time before delivery. Subsequently some difficulty was experienced in getting the uterus to contract, and three-drachm doses of the tincture of ergot were given; but, as the uterus did not very firmly contract, some powdered ergot was given also. Cold was applied to the abdomen, and pressure used from the first. At 8.30 A.M. all hæmorrhage had ceased, the uterus was contracted, and the patient was left. During the whole of the latter part of the labour brandy and laudanum were freely administered. On the 8th of October the patient was doing well. A fortnight after the labour the patient was well enough to resume her household duties.

In reference to the above interesting case, Dr. Graily Hewitt observed that the pelvis was contracted, probably by as much as one inch, in the conjugate diameter; and that in a future occasion it would be proper to induce labour at eight months. The shape of the brim was such—wide at the sides, and contracted in the middle—that it allowed, and doubtless was the cause of, the unusual presentation—viz., that of the head on one side, and the feet on the other. Another point illustrated by this case was this: In cases of pelvic contraction the uterus was often too large just after the labour, even when properly contracted, to descend into the pelvis; and it was hence sometimes erroneously supposed that it was inefficiently contracted. In the course of twenty-four hours, however, the size so diminished that—unless the pelvic deformity be excessive—this organ resumes its proper position, and is no longer so obvious to the touch in the hypogastric region.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCT. 23RD, 1868.

DR. C. J. B. WILLIAMS, VICE-PRESIDENT, IN THE CHAIR.

DR. DRAGE was elected a member of the Society.

Mr. CALLENDER brought under the notice of the Society a case of Double Amputation, the boy having been under the care of Mr. Brook, of Lincoln. The case was referred to for the purpose of showing how well the patient could walk, with knee and ankle-joint movements provided by Mr. Gillingham's artificial limbs, and to point out the practical difficulties which had resulted from the temporary fixing of the thighs in flexion upon the abdomen.

FIBROID PHTHISIS.

A case of chronic disease of the right lung, with contraction of the right side of the chest, exhibiting the characters of fibroid phthisis, was exhibited by Dr. JULIUS POLLOCK, and a report on the same case by DRS. SYMES THOMPSON and DOUGLAS POWELL was read. The reporters concluded that although the case resembled those described by Dr. Andrew Clark in respect of its slow progress and more obvious characters, it did not possess such distinctive features as to justify separate classification. This opinion was based on the phthisical aspect and constitutional state of the patient, the existence of physical signs of a cavity at the right apex, and of disease in the opposite lung, and the absence of evidence of fibroid disease in the organs. Dr. Thompson further remarked, that without reference to the question whether or not fibroid phthisis is to be recognised as a distinct species of disease, the case was not a characteristic example of the kind, as designated by Dr. Clark; at the same time stating that he had not in his own experience met with a case which in its whole course of development corresponded to Dr. Clark's definition. Dr. Powell recalled the attention of the Society to the leading features of the case related by him at the last meeting, pointing out some important differences between it and the case now under consideration.

Dr. WILKS thought that no objection could be offered to comprising within the term "phthisis" all cases in which the lungs are progressively disintegrated, just in the same way as Bright's disease is made to include a great variety of morbid conditions of the kidney. Although cases in which fibroid change is associated with the more common post-mortem results of phthisis occurred frequently, it appeared to him that cases in which it existed independently of those lesions were extremely rare. He had met with such cases, and therefore thought it important that they should be recognised, and saw no objection to the term applied to them by Dr. Clark.

The PRESIDENT then called upon Dr. CLARK, who, after some complimentary observations, said that he felt bound to justify himself against the charge which had been preferred against him of revolutionary tendencies, and he could not do this better than by giving to the Society once more a summary of his views. By the word phthisis he meant a progressional consolidation of the lung, with subsequent progressional destruction of the consolidated parts. So far all would agree with him. What he maintained in opposition to those whom he termed "thorough-going limitarians," was that this process was not always of the same pathological nature, and that the common notion that it resulted invariably from the deposit in the diseased organ of a foreign body called tubercle, which must work itself out, was a false one. His object was to show that cases of phthisis may be classified into groups, which, although not separated from each other by abrupt lines, are nevertheless tolerably distinct, and that with every such

group a characteristic anatomical change is associated. He proceeded to point out, in the same terms as on previous occasions, the distinctions between tubercular pneumonia and hæmorrhagic phthisis; and finally stated the affection to which he desired to apply the term fibroid phthisis to be distinguished by its definite mode of origin, its slow progress, its more febrile character, its affecting one lung only, its producing retraction and displacement of neighbouring organs, its affecting organs in, by preference, persons of middle age, and its being associated with similar changes in the skin and internal organs, and even in the nervous tissue. By giving a name, he said, to this affection, all that we do is to label a certain class of cases as forming a recognisable group, and do not necessarily commit ourselves to any theory. Dr. Clark concluded by replying to the objections of previous speakers.

LIGATURE OF THE FEMORAL ARTERY.

Mr. MAUNDER reported a case of wounded superficial femoral artery, requiring ligature of the vessel. He referred to the fact that dark, venous blood was seen to escape from the distal portion of the vessel, and he stated that this occurred in all such cases if examined before the circulation had time to right itself by anastomotic streams—a condition scarcely to be looked for when an aneurism is the cause of the vessel being ligatured, because in all such instances there is a sort of anastomotic circulation established around the aneurism during the progress of the disease, and thus arterial blood is directed into the vessel below the site of its aneurismal affection. Mr. Maunder further expressed an opinion that ligature of the femoral artery was not so severe an operation when practised on a patient free from arterial disease, and referred to the ligature of this vessel in cases of wound of the knee-joint attended with alarming symptoms, and of disease of the joint giving rise to conditions which threaten life, or necessitate amputation.

Dr. ANSTIE and Mr. CALLENDER referred to the importance of the question raised by Mr. Maunder; and Mr. HULKE, after noticing a case in which the spermatic artery had been tied by Mr. Moore for a fungoid protrusion of the testicle, drew attention to the difference between ligaturing an artery, and the troubles connected with compression of the vessel by reason of the injury at the same time inflicted upon the vein.

Dr. WILLIAMS also referred to the applicability of compression, and regretted time did not admit of further discussion of the subject.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 26TH, 1868.

DR. B. W. RICHARDSON, F.R.S., PRESIDENT.

THE HON. SECRETARY read a communication from Mr. W. Naughtin, on

A CASE OF CONCURRENT GANGRENE OF THE TONGUE AND HAND.

A female, aged forty-eight, was attacked with erysipelas of the right arm. She was treated by internal administration of ammonia and bark, with poultices locally; but she became worse, and five days after the commencement of treatment complained of swelling and aching of the tongue. The day following, signs of mortification were apparent in the hand; and five days afterwards a slough, consisting of the upper portion of the tip of the tongue, was removed. The case was treated by sulphate of quina (two grains), tincture of perchloride of iron (twenty-five minims), and dilute hydrochloric acid (twenty minims), in a sufficient quantity of water; administered every two hours. The patient recovered with the loss of the first joint of the forefinger, which was amputated.

Dr. ANDREW CLARK thought that the tongue symptoms might have been due to embolism occurring after the primary erysipelatous condition of the forearm. He inquired if there was a concurrent history of rheumatism or cardiac mischief, and was answered by the President in the negative.

Dr. ROUTH advocated free incisions in such erysipelatous condition as was described, and advised much larger doses of the perchloride than were here given. The best local astringent was the solution of persulphate of iron.

Mr. FRANCIS MASON brought forward a boy having an Ulcer upon the Upper Eyelid, which not only presented a "specific" appearance, but coexisted with marked induration of the superficial glands of the neck of the same side. The question was whether it was a primary sore.

Mr. HUNT advised treatment by the administration of iodide of ammonium.

An opinion was expressed that the sore was strumous.

Dr. W. H. DAY related two cases illustrating the value of Venesection. The first was a case of concussion of the brain, in which there was persistent coma until the abstraction of thirty ounces of blood, when improvement took place, with subsequent recovery. The other was a case of acute rheumatism with pleuritic complications, relieved by venesection to sixteen ounces.

Dr. DAY-GOSS said that as regards venesection, much depends upon locality; it certainly does not succeed when typhoid symptoms prevail.

ON A CASE OF HÆMORRHAGIC PHTHISIS, WITH REMARKS.

Dr. ANDREW CLARK read a paper on the above subject, the joint authors being Mr. Peter Marshall and himself. A butcher of good health, and corpulent, was taken in July, 1864, with symptoms stated to be those of congestion of the lung, accompanied by hæmoptysis. He recovered, and remained well for two years, when his health failed. In 1867 cough and dyspnœa occurred, and in April of that year examination of the chest showed slight flattening of the left side; feeble respiration with prolonged expiration over the apex; between second and fourth ribs circumscribed spots manifesting bronchial respiration and bronchophony with moist râles. The right lung seemed sound. Cardiac dulness was increased; there was no distinct apex-beat, and the second sound was abnormally abrupt. Veins of the neck were turgid; pulse 100, small, unequal, compressible. After a review of the possible causes of the condition, the authors determined it to be a case of hæmorrhagic extravasation. The sputa afterwards became in part gangrenous, and manifested multitudes of blood-discs disintegrated and decolorised. Congestion of the base of the right lung supervened, and afterwards the patient died during violent hæmoptysis. The post-mortem showed fat in the integuments; a soft shapeless heart, so friable that its walls were easily pierced by the forefinger; a dilated atheromatous aorta; in the middle portion of the left lung dense masses, which had a common origin in extravasated blood. The authors presented the various points of differential diagnosis, especially between ordinary phthisis, cancer, and this condition. It is highly important to distinguish between the varied pathological conditions agglomerated under the title phthisis; probably some of the so-called "curable" cases were of this variety.

After some remarks by Mr. Marshall, Dr. Douglas Powell, and Mr. Wolfe,

Dr. SYMES THOMPSON said, that though highly important, it was extremely difficult to differentiate the forms of so-called phthisis.

The PRESIDENT enumerated several of the pathological varieties of phthisis, commencing with that which is the result of the inhalation of foreign matter, passing on to purpuric phthisis, the variety which follows fevers, and then that which he had termed "alcoholic phthisis." The latter is associated with feeble heart, and the deposits in the lungs do not present the degenerated elements observed in ordinary tubercle. In this case the question was—did the hæmorrhagic deposits occur from failure of the heart itself, or from primary fragility of the vessels.

After observations from Mr. Hinton and Mr. Barnes,

Dr. SANSOM said the case was one of great interest, but he considered the term "phthisis" misplaced in reference to it: that term by common usage indicated a pulmonary disease. This was at least as much cardiac as pulmonary in its manifestations, and in his opinion it was cardiac as regarded the essence of the disease. The early signs were not those common to phthisis, but those of degenerated heart, with the pulmonary congestion common to that condition; then, from circulatory imperfection, there were localised hæmorrhagic effusions; and, finally, the patient died in a mode unusual in pulmonary phthisis. It would be equally correct to term this a case of "cardiac and arterial degeneration."

Dr. EVANS considered this a case of general hæmorrhagic condition manifested chiefly in the lung.

In reply, Dr. CLARK defended his use of the word "phthisis," defining the term as "a state of the lungs in which progressive consolidations undergo progressive disintegration."

FROM the "Lincolnshire Chronicle" we learn that typhoid fever is prevalent in Stamford and its neighbourhood at the present time.

Reviews and Notices of Books.

Therapeutics and Materia Medica. A Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By ALFRED STILLÉ, M.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. Third Edition, revised and enlarged. In two volumes. Philadelphia: Henry C. Lea. London: Trübner and Co.

WE need not dwell on the merits of the third edition of this magnificently conceived work. It is *the* work on materia medica, in which therapeutics are primarily considered, the mere natural history of drugs being briefly disposed of. To medical practitioners this is a very valuable conception. The only question is as to the execution of a work on materia medica so conceived. And the appearance of a third edition of so large a work in eight years may be accepted as weighty evidence upon this point. It is wonderful how much of the riches of the literature of materia medica has been condensed into this book. The references alone would make it worth possessing. But it is not a mere compilation. The writer exercises a good judgment of his own on the great doctrines and points of therapeutics.

The only criticism called for is as to the statement of the uses of those medicines which have either lately come into use or been recently the subjects of special attention—such as the Calabar bean, conium, and cannabis indica, or bromide of potassium, carbolic acid, sulphurous acid, alkalies, &c. The treatment of many of these subjects is remarkably good, including accounts of the latest researches. The treatment of others is less satisfactory. For example, while there is a long notice of the use of nitrate of potash in acute rheumatism, and of the doubtful practice of giving large doses, the use of bicarbonate of potash in this disease is not even mentioned; though it is now in Britain probably the remedy most employed, and certainly a safer one than large doses of the nitrate. Sulphurous acid is noticed very cursorily. But these defects in a work of such magnitude are not remarkable, and do not alter the fact that for purposes of practice Stillé's book is almost unique as a repertory of information, empirical and scientific, on the actions and uses of medicines.

Electro-Physiology and Therapeutics; being a Study of the Electrical and other Physical Phenomena of the Muscular and other Systems during Health and Disease, including the Phenomena of the Electrical Fishes. By CHARLES L. MORGAN, A.B., M.D. Imp. 8vo, pp. 714. New York: Wm. Wood. 1868.

THE author of this work died before its publication; and the responsibility for the manner in which it has been edited and published rests with the editor and publisher. The title-page gives great prominence to the word "therapeutics," as if electro-therapeutics constituted a chief feature of the treatise. In reality, of the 714 pages, only 25 are devoted to therapeutics; and upwards of one-third of this space is occupied by drawings copied from Ziemssen's "Electricität in der Medicin," the rest being taken up, for the most part, by a singularly imperfect rendering of some portions of the same work. Of the remainder of this ponderous volume, 681 pages are occupied with electro-physiology, and 6 with the index, exclusive of a synopsis of "contents," paged separately. If it were not for the assurance of the editor, Dr. William A. Hammond, that the work had been completed by the author, we should have come to the conclusion that it contained the crude and diffuse notes of a singularly earnest student in the German schools; for it consists chiefly of an attempt to give in copious detail, although in very crippled English, the published results of the labours of German electro-physiologists. The editor states that he has not felt himself warranted in changing the author's forms of expression, contracted through a long residence in Germany. It would have been more just to the author if this warrant had been taken, and if some excision had been made. The indifference of the editorship and the misleading character of the title-page do little honour to the memory of Mr. Morgan, and are the less justifiable, because the work contains a mass of most valuable, although imperfectly digested, matter. To the student who is not familiar with the German language, the work will prove particularly useful. Mr. Morgan had mastered the theory, and largely the literature, of his subject; and it is to be greatly regretted that his life was not spared to complete the exhaustive survey of it at which, it may be inferred, he aimed.

Treatise on the Diseases of the Eye, including the Anatomy of the Organ. By CARL STELLWAG VON CARION, M.D., Professor of Ophthalmology in the Imperial Royal University of Vienna. Translated from the Third German Edition, and Edited by CHARLES E. HOCKLEY, M.D., and D. R. ST. JOHN ROOSA, M.D. (New York). With an Appendix by the Editors. Illustrated by 96 Wood Engravings and 18 Chromo-Lithographs. 8vo, pp. 774. London: Hardwicke. 1868.

THE American translators of the "Lehrbuch der Praktischen Augenheilkunde" of Dr. Carl Stellwag von Carion, announce in their preface that they received from the author advance sheets of the third German edition, and that thus, although their labour as translators was much increased, their labour as editors was reduced almost to nothing. They have indeed added to the book a complete set of Jäger's test-types; a very brief appendix, entirely taken from Zander, upon the use of the ophthalmoscope and of lateral illumination (subjects of which the original author assumes complete knowledge in his readers); and a few notes, of such value and originality as the following, which we find appended to the chapter on Herpes of the Conjunctiva:—

"We need to pay particular attention to the general condition, the diet, and mode of life in patients affected with this disease. We should see that they get plenty of fresh air, and that they are under hygienic influences in general."

Excepting for such additions, the volume before us differs from the original only in being nearly double its price, and in being in the American language instead of in the German. The translation is, indeed, so faithful, that a few obscurities arising from style, and which an additional word or two would have removed, have been closely and exactly reproduced. Thus the description of Szokalski's operation for pterygium would be scarcely intelligible, either in the original or in the translation, were it not that a woodcut clears up the ambiguity of the text.

Of the work, as a whole, it is scarcely necessary that we should speak. A third edition of a book of such magnitude means in Germany very much what it would mean in England—that the ordeal of criticism had been passed successfully; and the translators are fully justified in calling it "a text-book which is regarded as one of the best in the German language." It deals fully and accurately with every branch of the subject to which it relates; and although it is in no way superior to other treatises of equal completeness, such as those of Wecker and of Seitz and Zehender, it will certainly supply, either for study or reference, all the reasonable wants of the practitioner.

MEDICAL TEACHERS' ASSOCIATION.

THE following is the substance of the report drawn up by the Council of the Association on the present obligatory conditions of study for the medical profession, and on the constitution and relations of medical schools, specially in relation to medical education in London.

1. On the 23rd of March last it was referred to the Council

"to consider the conditions of study now imposed on candidates for the medical profession in this country, and to report to the Association at or before the next annual meeting whether, in their opinion, any, and, if any, what changes ought to be made in those conditions; and also whether, with a view to improving medical education, it would be desirable to make any alterations in the present constitution and relations of the medical schools in London."

2. The Council do not discuss the question whether "authorities licensing for the medical profession might with advantage rely exclusively upon the completeness and stringency of their own examinations as tests of competency," but accept as the basis of their inquiry "that every student wishing to offer himself for examination under the Medical Act in order to obtain his licence for practice must, in the first instance, show that he has gone through such a course of study as will probably have qualified him for the licence." At the same time we are told that this basis "cannot properly be made a ground for any illusory requisitions. In proportion as examining boards are obliged to supplement their examinations by any kind of collateral evidence, the quality of such evidence tends to be a matter of little less public concern than the quality of the examinations themselves; and every certificate which is accepted in and of a system of examination ought to be a certificate either of actual attainment of the knowledge in question, or at least a certificate of genuine and presumably sufficient study."

3. The Council point out "that there does not yet exist, either by authority or common consent, any one set of regulations which can be cited as representing the national minimum of requirement in this matter. ..... The nineteen different corporations which give admission to the Medical Register (and in very great part only by half titles to general practice) act in virtual independence of one another, each with its own set of conditions;" so that the London student who seeks to obtain the minimum title to general practice "cannot find a set of conditions common even to his two co-qualifying corporations, but must let his education advance as it best can, under direction of two unassociated, not to say conflicting, taskmasters." The Council think that it should be open to each corporation to fix for itself any special conditions under which it may award distinctive and higher titles of honour, but such titles "ought to be awardable only to persons already registered or entitled to register, in respect of having passed a minimum examination common to all departments of the profession,..... and fixed from time to time (both as regards the examination itself, and the proofs of preparatory study) by the general educational authority, in one common code of regulations."

4. In illustration of the present difference in the demands made upon the student by the licensing bodies, an analysis and contrast are next made of the regulations of the College of Surgeons and of the Apothecaries' Company. "The total of professional education to be required as minimum qualification from the candidate for general practice is distributed under eighteen heads." Under nine of these the student must be certified to have "attended" systematic courses of lectures of definite length; and, in four of the nine, to have "attended" the systematic courses twice over in successive years. Also, in regard to hospital practice and clinical lectures, he must be certified to have attended during two years for medicine, and two years and a half for surgery; his instruction in practical chemistry and "study" of practical pharmacy must each be certified to have been of three months' duration, &c. Certain subjects must be taught only from October to May; certain others from May to July inclusive. "Twice in the year the student must register at each of the two institutions his attendances, &c., and also at the office of the General Medical Council." His schedule must be signed for the College and Hall in thirty-eight separate sections. "The candidate-apothecary must have been for five years an apothecary's apprentice, and have attended a medical school three years. The candidate-surgeon must have been engaged four years in the acquirement of professional knowledge; and have attended a medical school for at least two years and a half of the time," &c.

5. The Council consider that these regulations are "in general needlessly minute. The elaborate machinery of certificates and registers is in itself as defective as it is troublesome; for certificates do not even professedly vouch for more than the mere bodily attendance of students on various occasions of teaching, and in reality mean little or nothing else than that the student has paid such fees as have entitled him to attend the courses in question. The excess of registration is the essential evil. All the regulations relate, not to study, but only to means; not to the actual possession of knowledge (for which the appointed control is examination), but only to modes in which knowledge may be acquired." The Council hesitate to say that any regulation ought to be universal, and those which they think "may be almost universal are few and simple." Four years is deemed the least time in which a man can qualify respectably. The Council think that the candidate should give proof of having studied three years in "certain properly constituted establishments;" yet "every possible latitude of choice, consistent with the supposition of *bonâ-fide* study, ought to be allowed as to modes and places of education. To insist unconditionally on attendance on systematic lectures (to the ignoring of systematic reading and other modes of study, &c.), is wrong." And the Council are, moreover, of opinion, that "no student ought to be forced to learn in any specific establishment anything which he can reasonably be supposed able to acquire elsewhere." The Council further say, that great latitude should be allowed schools in regard to indifferent matters; and they condemn "the minuteness with which the present system insists on the particular subdivision of the subject matter of medical teaching, and on the number of lectures given uninterchangeably under each of a great variety of heads, and on the giving of certain lectures only in one special part of the year, and so forth." Too much importance is attached to systematic courses; and a fixed law, that the same systematic course must be attended twice over in successive years, is declared to be preposterous. The Council think that "central regulations cannot provide for more than the broad necessities of the case." What remains beyond this "is matter of internal school discipline, to be dealt with by each school in its own way."

6. The report, in the next section, states that the only regulation of universal application really needed is that "if the candidate is to be required to show that he has spent four years at least in studying sciences and practice, it ought to be made incumbent on him to give his various proofs of study progressively, and at intervals, during that time," and on the ground that "regulations allotting particular studies to particular periods of studentship are useless unless they be enforced by such corresponding compulsory subdivisions of examination as shall ensure that the student learns in each period the matter which he is expected to learn;" the student not being allowed to count study in the second before he had acquitted himself in the first subdivision, and so on, it being left to the schools to determine the machinery of preparation.

7. The following is the examination scheme suggested by the Council for the minimum qualification:—"The examinations to be passed by the candidate would in all be at least four: the first in common preliminary education; the second in preliminary scientific education — the chemistry, physics, botany, and zoology of the present system; the third in anatomy and physiology; fourth (which might, perhaps, have to be subdivided), materia medica, pathology, forensic medicine, and the several departments of practice." Between the first and second, and the second and third, the interval should be one year; that between the third and fourth, two years. To at least the first two no evidence of the subjects having been learnt in a particular way or establishment should be required. For the third examination it should be necessary that the student show that he had been studying at a recognised school for one year, and in a way satisfactorily to its teachers. At the fourth examination similar certification as regards the additional subjects should be presented by the candidate.

8. Securities for the proper working of such a system should be found in (*a*) the care with which schools were "recognised" by the Medical Council, (*b*) the efficiency and strictness of the examining boards, and (*c*) the legitimate competition of schools; reliance being mainly placed on the joint operation of the two latter. Schools might be recognisable in divisions, corresponding to the divisions of examination: one might claim to be recognised as an Anatomical school, or a school of Pathology and Practice, or both. As regards examinations, "every subject separately taught should be separately examined in; and the examiner in each subject should represent, as far as possible, the very best special knowledge at the time." The area of required knowledge should be more accurately defined by the controlling authority. Lastly, to secure competition, the

Council suggest that "returns from all examining boards should annually be made to the general authority, and by this authority be published, stating, with all such particulars as might conduce to exact comparison, what had been the proportion of pluck and pass in each class of candidates set up by the several schools respectively."

9. The Council only report as regards minimum qualification for the profession.

SANITARY PROGRESS IN INDIA.*

WE were unable to do more than make a passing allusion to this subject last week. Those who are desirous of ascertaining what has been done in India with a view to the improvement of its sanitary condition since the publication of the voluminous Report of the Royal Commission, and what still remains to be done, ought to consult the Memorandum recently published by order of the Secretary of State for India. Besides a condensed history of preventive medicine in India previous to 1864, this blue-book contains, as its title expresses, an epitome of the various annual reports of the sanitary committees of the three presidencies respectively.

Up to the appointment of the permanent Sanitary Commissions in 1864, as it is well pointed out, sanitary or preventive medicine was mixed up with the curative medical administration. It was chiefly, if not entirely, among medical men that any knowledge of the causes of disease existed, and from them that any warning in the matter of prevention came. We are the more desirous of dwelling upon this, because the persistent labours of the medical officers stationed in India have been to a great extent ignored. To the late Lord Herbert and Miss Nightingale perhaps, more than to others, belongs the great credit of popularising the subject. The Royal Commission caused public attention to be directed to its vast importance. The Commission, by its investigations, caused such a flood of light to be concentrated upon it, that previous labours in the same direction, from being intermittent in character and diffused over long periods of time, were obscured and hidden; but it is still the fact that medical officers of the public services have formed the pioneers of sanitary science in that country. In the sketch which Dr. Goodeve has furnished of what was done in this direction in the Bengal presidency previous to 1864, this is abundantly indicated, although all the materials of information were, no doubt, gathered together by the Royal Commission. The report on the great cholera epidemic of 1817, by Jameson, Secretary to the Medical Board, and published by order of the Government in 1820, was a valuable paper. That by the Committee assembled by order of the Commander-in-Chief, on the cause of the unhealthiness of Kurnal, and the portions of the country along the line of the Delhi canal, was of the most comprehensive and important character. It was Dr. Dempster, a member of the Committee, who pointed out the advisability of ascertaining the amount of malarious influence by the frequency of spleen diseases, and the size of that organ, among people living in the neighbourhood of supposed sources. The Committee ascertained that the diseased spleens were frequent near the banks of canals, and became rare at a distance of five miles—a singular coincidence, which must have prevailed, says Dr. Goodeve, in Italy three centuries before, when the rules fixed upon about that distance for the limit within which rice cultivation by irrigation was permitted to approach the capitals. The knowledge acquired by the Committee was utilised. On their recommendation some modifications in the engineering of the Ganges canal were carried out by the Government at a considerable monetary outlay. In regard to the cultivation and drainage of India, there can be no doubt that vast improvements in the public health would ensue from such measures; but the work is impracticable, we fear, on account of the enormous expense which it would entail. As commerce and industry spread, and railways penetrate, more and more will be done; but this must be a matter of time. We quite agree with the opinion which we have heard all practical men express, that the dry-earth conservancy is the best system for India, and that sewerage by drains would be a matter of extreme difficulty and expense in that country, even if the superiority of the latter over the former were unquestionable, which is scarcely the fact.

So much has been said about hill sanitaria in this journal, that our readers must be perfectly acquainted with our views. We do not believe that these are of any, or at any rate of any great, good in cases where Europeans are already the subject of organic or climatic disease. Hill stations are primarily and especially useful as preventives of disease, and secondarily as residences for convalescents requiring change of air and climate. We hope to see a far larger portion of our army occupying these localities than at present; indeed, we do not believe that we can permanently maintain our position in India in any other way. Residence in the plains of India involves so much exposure to endemic and epidemic disorders, and to a gradual but sensible deterioration of physical health and vigour, that the loss by death and invaliding must always be large among troops stationed in these localities. We have already noticed the annual reports of the presidencies on their appearance, and we need not therefore enter on the abstracts of them furnished in the Memorandum. The impression which we have obtained from a perusal of this blue-book is that sanitary measures in India have already done a great deal towards improving the public health, and that we may fairly anticipate better results from continuing in the same course.

* Memorandum of Measures adopted for Sanitary Improvements in India up to the end of 1867, together with Abstracts of the Sanitary Reports forwarded from Bengal, Madras, and Bombay. Printed by order of the Secretary of State for India. 1868.

HEALTH OF THE NAVY.

THE statistical report of the health of the Navy for the year 1866 has recently appeared, and the details contained therein possess many general as well as special points of interest. The total force in the service afloat during the year was 49,475, and the total number of cases of disease and injury entered in the sick-list 64,064. These numbers represent a ratio of 1313·4 per 1000, and a decrease, as compared with the previous year, equal to 54·8 per 1000. It must be remarked, however, that in compiling this return a certain small deduction is made for the gunboats in China and elsewhere, which carry no medical officer, and as to which, therefore, no reliable return could be obtained. A total of 1698 men were invalided, and 509 deaths occurred, of which 393 were the result of various forms of disease, and 116 from wounds and injuries, and from drowning. The lowest sick rate occurred on the home station, and the largest increase of mortality obtained in the Cape of Good Hope and East Indies, which was entirely owing to the epidemic of disease on board the *Octavia*.

Passing from general to special statistics, it is found that 243 were invalided from phthisis and hæmoptysis, 124 from diseases of the heart, 205 from rheumatism, and 108 from wounds and injuries. A total of 2695 cases of primary syphilis, and 834 of secondary syphilis, occurred during the year, the largest percentage being as usual on the China, and the smallest on the Mediterranean stations. It is satisfactory, however, to know that on both these stations the percentage of cases is smaller as compared with that of the previous year, and there is no doubt that the system of inspection of prostitutes lately organised at Japan, under the direction of a British naval officer, will influence these returns most favourably.

The report records a very large increase of syphilis on the Pacific station, which is attributed to frequent communication with Valparaiso, where no measures are as yet taken to check the disease. The mortality from dysentery was precisely the same as in 1865, but from cholera it was reduced one-half, only fifteen cases having occurred in the service afloat, though this disease was epidemic, and, as is well known, caused much mortality in various parts of the United Kingdom, on the banks of the Danube, at Naples, and other Mediterranean seaports.

We cannot at present do more than mention the existence of a very interesting record, contributed by Surgeon D. M. Shaw, as to the rise and progress of very severe epidemics of fever and small-pox on the ship *Octavia*, 339 cases of the former and 165 of the latter having occurred on board this ill-fated vessel during the year. The statistical bearings of the report are eminently satisfactory, for they show, in spite of the presence of epidemics and other maladies of a fatal character, an improvement in the sanitary condition of the sailor, and, by consequence, an advancement in the art of preventing disease. This blue-book contains many particulars of special interest, and notably some pathological papers, with illustrations, contributed by Staff-Surgeon J. D. Macdonald, M.D., F.R.S., Remarks on Insanity, by Deputy Inspector-General William Macleod, M.D., and other matter of equal worth.

THE LANCET.

LONDON: SATURDAY, OCTOBER 31, 1868.

IT appears to us that Dr. DRUITT has hit upon the right idea of the duties and character of a health officer. Certainly in working out that idea he has delivered a very interesting address. It must be admitted, that to ordinary people the health officer is an uninteresting sort of personage, and that somehow or other sanitary science has not been hitherto very captivating. People that were healthy did not care for the health officer, and people that were sick wanted the doctor proper. But such addresses as Dr. DRUITT'S and Dr. RUMSEY'S, and such books as Dr. ANSTIE'S "Notes on Epidemics" really promise to bring sanitary science within the range of subjects that will engage the interest, if not the enthusiasm, of people. Dr. DRUITT, though deeply sensible of the importance of the health officer, seems to have felt that hitherto he has been rather dry and restricted and technical in his notions; and henceforth he would have him broad and social and human in his views of the great sanitary problems of society. He sees little use in depending solely on law for the solution of these; and he is right. It is easy to pass laws in Westminster for regulating the health of the people; but unless these commend themselves to the intelligence, and, in some degree, to the feelings of the community, they will be so much waste paper. So he would have the health officer a genial educator of the people in all matters affecting their health. This is the thing that is wanted. Less of the everlasting discussion of the rival merits of waterclosets and the dry-earth system; less of hard and dry law, and more appeal to human feeling, and more of attempt to cultivate it and bring it into subordination to what is reasonable. At every point it is already seen that sanitary law, though yet very imperfect, is far enough advanced for the present degree of intelligence upon it. It could not be pushed much further just now without coming into collision with feeling and passion. And Dr. DRUITT argues that these should be gained over by sanitary officers to the side of health and wholesomeness. The establishment of mortuaries; the time of marriages; the number of rooms requisite for a family; prostitution, the recognition of its consequences and the control of them,— are all matters in which education must precede legislation. By the way, as Dr. DRUITT is no longer a health officer, the interest he takes in these questions is the more commendable.

There are many details in Dr. DRUITT'S address which we could willingly have dwelt upon. He accepts and endorses the condemnation of lying-in hospitals. How much longer will these fatal institutions survive a universally adverse public opinion? He remarks upon the injurious consequences of the premature relation of the sexes either matrimonially or otherwise; and doubtless he has grounds for doing so, though his strictures would have been more complete if they had included a proper condemnation of the tendency to late marriages, which, it seems to us, is the growing evil of the middle and upper classes, as that of premature marriages is perhaps the mistake of the working classes. We leave the people of Salford to answer the charge of 25 per cent. of uncertified deaths. The practical infanticide which disgraces our country is very lucidly exposed. We fear Dr. DRUITT is right in saying that there is no cure for it in law. The present law against its most palpable forms is not practicable: it cannot be worked or applied. And as against the more impalpable forms, by which poor babies are slowly starved out of existence, law is still more unavailing. Nothing gives us any hope of more care of infant life but a more universal moral education. Here is work for the Christian teachers of the land. Who would expect, judging from the ordinary and stock subjects of health officers, to find their President treat of the question of *fasting*? But he does so, and with great discrimination; condemning, on the one hand, the gratification of the Anglo-Saxon tendency to feed which is exemplified in the three animal-food meals a day of the West-end servants, with corresponding potations of rich beer, and, on the other, the use of a poor, monotonous, and entirely ungenerous or unstimulating diet. He suggests a weekly fast for working men which commends itself to our approval, as, if carried out, likely to be most beneficial physically and morally. Absolute teetotalism is impracticable: there is an intemperance in urging such an unrealisable practice. But here is Dr. DRUITT'S suggestion to the working men: *abstain from beer one day in the week*. There is something almost of genius in a suggestion like this. It is practicable; it is not asking much of working men, who have come to such power in this country; it involves no diminution in the food necessary for the doing of hard work; and it would have the best moral and physical effects. We must endorse with all possible earnestness this idea of Dr. DRUITT'S. We are in this dilemma. We cannot go with teetotallers in their wholesale condemnation of alcohol as a poison; there is a raving folly in such a view. On the other hand, no persons know better than we do that, as Dr. DRUITT says, *intemperance is one of the greatest curses of the country*. It is the most fruitful cause of disease. And one day's complete abstention on the part of working men from beer, and, let us add, of rich men from wine, would clear their heads, and let them feel that they can do without it. This would be a fast that religion, economy, and physiology would all sanction. It would be wrong to leave this subject without entirely concurring in the disapproval of the practice of some religious, hardworking people, "of denying to a not overfed body" the food necessary for nutrition.

We have not time to analyse Dr. DRUITT'S view of PETTENKOFER'S theory. But he presents epidemics to his readers as the great tests of the sanitary condition of the people. Rightly enough, perhaps; though more should be said by all our sanitarians of the value as such tests of the strumous and tubercular classes of disease. We are too apt to regard these as the simply hereditary, and the epidemics as the simply avoidable, diseases; though nothing is more certain than that our insanitary conditions generate strumous and tubercular states, and that the mortality of many of our epidemics is much determined by the diatheses of our patients. The extinction of epidemics is less likely to be realised than such an improvement in the average health of the people as will make epidemics less fatal. We cannot close these observations better than in Dr. DRUITT'S own wise words.

"My purpose has been to show that it is of little use to declaim against evils till the public understanding be enlight-

ened to consider them such; that even the argument which convinces the reason may be impotent against the passion that 'stronger is than death,' against the family pride, the unreasoning affection, the adherence to old prejudices which underlie many of the evils we declaim against; and that it is up-hill work to get laws put in force by those whose interests and opinions those laws are intended to counteract."

AT another page will be found an abstract of an important document to which we alluded last week—the Report of the Council of the Medical Teachers' Association. Most thinking men are agreed as to the fact that the present condition of medical education is not quite satisfactory, and the Medical Teachers' Association deserves credit for having so vigorously taken up the subject. Whether the Association, when it comes to discuss the Council's report, will agree with it in all particulars, it is not for us to say; but it appears to us that the two largest medical schools—those of Guy's and St. Bartholomew's Hospitals—will occupy a very invidious position if they persist in standing aloof from an Association, which is aiming at good things for the whole profession, simply from private pique or jealousy. Should the efforts of the Association successfully move the legislating and examining bodies, it will not be a pleasant reflection to the two great schools that they must needs follow where they might, had they so wished it, have led the way.

We are glad to find that the Council has seen fit to modify somewhat the strong views with regard to "free-studentship" (i. e., study untrammeled by regulations as to time and place) expressed by the president, Mr. SIMON, in his address last January; since they had the effect of startling some sober-minded people out of their propriety, and of raising opposition amongst those who felt that, had they when students been launched in London without some guides as to their conduct and studies, they would never have attained the respectable goal they have reached. All must see, however, the truth of the dogma that, "in proportion as examining boards are obliged to supplement their examinations by any kind of collateral evidence, the quality of such evidence tends to be a matter of little less public concern than the quality of the examinations themselves."

It is obviously the duty of medical legislators to provide for those who only desire the minimum of medical knowledge, and to apply tests suited to their capacity, leaving higher qualifications and more stringent examinations pretty much to themselves. To bring the lowest requirements of the several corporations into uniformity, and to provide that a candidate shall by successive examinations give proof of his fitness to be entrusted with the right to practise, is all that can be expected. The scheme proposed, then, takes the four years already laid down by the General Medical Council as its basis, and, premising that no diploma can be granted before the age of twenty-one, propounds four examinations as the test for a man's right to practise medicine and surgery. But it will be said that this scheme differs but little from that already in vogue. It differs, however, in this important particular—that it is proposed that each graduation should be taken in an orderly way and at fixed intervals, and that rejection should mean so much extra study and time before the wished-for diploma is obtained; instead of, as now, too often leading to mere *cramming* of two subjects together.

We rejoice to find the Council of the Association proposing to strike at the root of much of the unsatisfactory teaching of the present day by allowing schools and hospitals to be dissevered, and either to be "recognised" without the other. The effort to maintain eleven complete medical schools in the metropolis is simply too great a tax upon the profession's teaching powers, and it is notorious that it is becoming more and more difficult to fill many of the chairs, whose ever-changing occupants are the best witnesses of the truth of the statement. We hail with satisfaction the prospect of a return to the system which produced some of our best men; the system which led a man who knew that he could teach some subject better than his fellows to gather round him an enthusiastic class of pupils numbered by hundreds instead of tens. The physicians and surgeons of our hospitals—all of which may be clinical hospitals still, with possibly some arrangement for interchange of pupils—will rejoice to be set free from the burden of courses of systematic lectures, reluctantly delivered and ungratefully received, to devote themselves to their real and far more important duties, the instruction of their pupils in the art of coping with disease. If the Council of the Medical Teachers' Association can bring about such results as these, they will earn the gratitude of generations of their brethren.

AFTER the lapse of two or three weeks, those graduates of the Universities of Edinburgh and St. Andrews who have registered as electors will, in common with several other newly created constituencies, be called upon to exercise their electoral privileges for the first time. We believe that, as a body of educated men, they will exercise those privileges honourably and conscientiously. But, in summarising the events of the past four months, it is proper to pause and consider by what means these electoral privileges were acquired, and how they have given an opportunity of voting to so large and influential a body of men. It is within the recollection of most of our readers who are Edinburgh graduates that the Senatus of that University, after a long and somewhat stormy discussion, declined to join the St. Andrews University in petitioning against the admission of medical graduates to the enjoyment of electoral privileges. This decision resulted in the recognition of all graduates as prospective electors, subject to the rules of registration. Those who are interested in this subject will also remember that the Scotch Reform Bill, when first discussed in the House of Commons, contained a proviso to the effect that no voting papers should be received unless the electors presenting them could solemnly attest to their personal knowledge of the senders, and produce also certificates, signed by Justices of the Peace, indicating the genuineness of the voting papers presented. This proviso, which would have practically excluded a large proportion of the St. Andrews graduates, was withdrawn, and an ordinary voting-paper clause substituted in its stead. And so the rough places have been made plain to the electors of the Universities of Edinburgh and St. Andrews. It is fair and courteous, however, that those electors should know to whom they are indebted for these acquired privileges. We are enabled to state, upon incontrovertible authority, that Dr. LYON PLAYFAIR fought the battle of the prospective electors at the Senatus of the Edinburgh University, and that he received the written thanks of Dr. RICHARDSON, the late candidate,

for his strenuous exertions on behalf of the St. Andrews graduates. It is also due to the same gentleman to record that, having learned, at the eleventh hour, the position of affairs with respect to the voting papers, he at once came up to London, placed himself in communication with those in the House of Commons who were most conversant with this question, and caused an amendment to be put and carried which influenced the electoral privileges of medical graduates to an extent that is not even yet thoroughly realised. We commend the foregoing remarks to the special consideration of those graduates who have become electors, but whose votes are still unpledged. The number of unpromised votes among medical men connected with these Universities is still very large, and it is superlatively important that all should know the agency whereby this extension of the franchise has been secured and consolidated. The thanks of Dr. RICHARDSON, forwarded to Professor PLAYFAIR, were a graceful tribute to honest exertions, and were as honourable to the giver as to the recipient.

THERE are many thoughtful persons who believe that if ever we are to see an end of wars and rumours of wars, which politicians and would-be members of Parliament are declaring to be "a consummation devoutly to be wished," it will not result from considerations of morality, humanity, or religious sentiment, but from an increased development of the power of destructiveness in our instruments of warfare. If we fear, on the one hand, that there will be no limit to this development until science has made practicable wholesale slaughter equal to the destruction of SENNACHERIB'S army, we are comforted by the hope, on the other, that it may bring about that settled state of peace for which our political economists and humanitarians are praying.

There is one thing of which the present time may fairly boast, and that is, the efforts which have been made by all civilised countries to curtail war of some of its horrors—namely, those which fall upon wounded and sick men already stricken down and incapacitated from fighting. In 1864 the Convention of Geneva took place for the neutralisation of field hospitals, with their *personnel* and *matériel*, in time of war; and since that time national societies for affording aid to wounded soldiers have sprung up in different countries, and numerous international conferences have been held at Paris during the past and present year, at which fifty-six delegates were present. Among the names selected by the General Committee of Delegates to act as officers for conducting the business of the conferences at Paris we notice those of the following medical men: Prof. Baron LANGENBECK, Surgeon-Major Baron MUNDY, Dr. D'ANCONA, Dr. GAUVIN (Médecin-Major, French Army), and Dr. PIOTROWSKI. There is no society in England corresponding with the national societies which have been organised on the continent; but Professor LONGMORE, C.B., was instructed to represent this country at those conferences, and he not only took an active part in establishing the system of rules which have been adopted, but he has, we understand, prepared a very elaborate and important report on all the military medical and surgical field-hospital equipments exhibited at the Paris Exhibition. A board has likewise been instructed by the War Office to deliberate upon and determine what are the best forms of ambulance waggon, stretchers, and every other appliance likely to be used for the conveyance and treatment of the sick and wounded in active service by a Power such as that of England with its colonial and other relations.

Our readers are already acquainted with the text of the Geneva Convention of 1864, and this has been modified and extended by the additional articles which were signed by the International Conference of Geneva in October last. The neutrality will now be extended to all naval ships and floating hospitals, which are to be distinguished by flying a white ensign with a red cross. The Congress declined, however, to agree to the proposal to give the *personnel* of the "volunteer societies for aid to wounded in time of war" the benefits of the neutrality conferred by the former Convention on the regular staff of armies, or to entertain any of the other proposals in their behalf.

Medical Annotations.

"Ne quid nimis."

THE CLINICAL SOCIETY.

THE subject of Fibroid Phthisis again engaged the attention of this Society at its meeting last week, and gave rise to a somewhat desultory discussion, in which the points at issue were often submerged in a flood of truisms scarcely implying a great compliment either to the intelligence or the experience of members. As usual, too, one could not help feeling that the question, so far as it was polemical, was mainly one of words. Dr. Andrew Clark tells us, and other observers say so too, that persons die of a wasting disease, in which, with evident physical signs of lung consolidation and cavities, the skin of the patient is dry, there is no continuous elevation of temperature, no diarrhœa, and, until the close of life, the pulse is below 84. Influenced by the post-mortem appearances, Dr. Clark gives the name of Fibroid Phthisis to these cases—and the battle begins. A deal of fighting would, no doubt, be prevented, and loss of time saved, if we could treat the matter mathematically, and call these cases "x," leaving the value of "x" to be determined by extended observation. But as this is difficult, there can be little objection to retaining the term Fibroid Phthisis, with the mental reservation, for those who prefer it, that it describes an anatomical character, and is not used to define a pathological theory. And surely the subject is one of enormous importance, involving as it does questions certainly of prognosis and probably of treatment in the individual case; and besides, what is at least of equal consequence, it may largely affect the diagnosis of disease in blood relatives of the patient. Observers should by all means read Dr. Clark's paper in the Clinical Society's Transactions; and those who have large opportunities may greatly help to simplify the question if they do little more than carefully record the temperature in all cases of phthisis, as well as the absence or presence of diarrhœa.

Very little time was left for Mr. Maunder's highly important paper, which, under the modest title of "A Case of Ligature of the Femoral Artery," and in a form which might serve as a model of judicious condensation, referred to two subjects of great interest. One was the appearance of venous blood from the distal portion of a divided artery; and the other was the treatment of traumatic inflammation of the knee-joint by ligature of the femoral.

At the Clinical Society, papers may not exceed, and speakers are limited to, ten minutes; and the permitted period is marked by the turning of a sand-glass. Simple as is this proceeding, it might perhaps be improved. The president is the only person who can see that the last grain of sand has dropped through, and the unpleasant duty devolves upon him of inter-

rupting a speaker in the very pith, perhaps, of his discourse, and inquiring of the meeting whether he shall be allowed "another glass." If the time were marked by a sound audible by everyone in the room, this awkwardness might perhaps be avoided.

"SOMETHING WRONG WITH THE DRAINS."

NEXT to the indignation with which a traveller in a railway carriage meets the charge of having been asleep, we know nothing so vehement as the denial of a householder that there is anything wrong with his drains. Every one of us is familiar with the tune: "Not a house in the town is so sweet;" "I am so very particular on that point;" "The drains were all taken up and put down fresh only last autumn;" and so on. Nevertheless there is illness in the house—one or two inmates down, perhaps, with febrile symptoms of typhoid character; and we unhesitatingly repeat our charge against the drains. The result is that an old brick drain is found full of soil; a modern drain-pipe ceases abruptly, and lets the soil sink into the earth; an unsuspected cesspool is revealed beneath the kitchen floor; or, what is still more frequently the case, the "traps" to the drains are found to be thoroughly out of order. And here we would desire to record a calm, unhesitating opinion, derived from long and bitter experience, that, with marvellously few exceptions, builders know nothing whatever about the elementary principles of drainage. In every walk of life there are doubtless persons who pretend to understand their business when they are really very ignorant of it—and pretend, moreover, with a ratio of success which varies directly with the public want of knowledge of the subject. But we know of no such general, dense, reckless ignorance as the builder's ignorance of drains. His idea of the subject begins and ends with this—a so-many-inch pipe, a trap, and concealment. Concealment has as great charms for the builder as it is said to have for many women of high repute for tidiness, who often meddle with and thrust out of sight things which are of great importance, but which they are incompetent to understand. And this is very much the case with the builder. He will bury a drain-pipe in a wall where its integrity can never be tested; carry it, quite unnecessarily, under floors; display, in fact, endless ingenuity in concealing what ought to be ever easy of examination. With a blind, unhesitating belief in a trap, which is often out of order and never safe, he will so multiply the sources of danger to a household as that the very completeness of the main-drainage system shall become, thanks to his blundering, a curse rather than a blessing. Plenty has been written upon the subject, and the builder, with very little trouble, could make himself acquainted with what, with due submission, we must look upon as a part of his business. But just as he perpetuates all the worst features of our houses—the chimneys which do not draw and the fireplaces which waste the fuel, the roofs and walls which let in the heat in summer and the cold in winter,—so he meddles and muddles the drains. Sufficient for him if the drain-pipe and the "trap" figure well in the bill, though the latter may be only a trap for disease, and the whole business a "job."

THE PROJECTED ROYAL TOUR.

OUR readers who watched with so much anxious interest the accounts of the gradual recovery of the Princess of Wales, after her long and severe illness, will have been pleased to recognise, in the announcement of her intended journey lately made in the journals, a proof of that complete re-establishment of health which they, in common with the public at large, so ardently desired. According to the route sketched in the papers, the Prince and Princess of Wales, leaving England in the middle of November, will proceed to Paris, Germany, and Denmark; afterwards visit Greece and a portion of Asia Minor; finally proceeding up the Nile to the second cataract, accompanied on this part of the journey by Sir Samuel Baker. Under the guidance of so able a *cicerone* it cannot be doubted that all care will be taken to avoid those sources of danger to health which, to persons unaccustomed to Egyptian travel, often mar the enjoyment of a trip otherwise full of exciting interest. To see all that is to be seen in Upper Egypt involves severe exertion, undertaken in a climate which presents great and rapid changes of temperature, the thermometer frequently marking a difference of 50° or 60° between day and night, with heavy dew at nightfall. We should imagine the Princess would keep very much on board the *Dahabeeh* which takes her up the Nile, making occasional short visits to the villages contiguous to the shore. Excursions to the various temples inland are performed partly on the backs of donkeys or Arab horses, and partly on foot, and should the traveller not set out at five or six o'clock in the morning, these necessitate exposure to a powerful sunshine, succeeded by a temperature which, by comparison, is extremely cold. The heavy dews at night render camping out an extremely hazardous proceeding, especially after a fatiguing day. The risks which must thus be run are, of course, well understood by African travellers and physicians, and under the constant care of Sir Samuel Baker, and of Dr. Minter, who also accompanies the royal party, we feel sure that the health of the Princess will never suffer in her journey from evils which judicious foresight can avert.

THE PURIFICATION OF SEWAGE AND POLLUTION OF RIVERS.

PROF. FRANKLAND has favoured us with a copy of a report made by him to the Rivers Commission on the comparative value of Mr. Sillar's process and of the lime process for the purification of sewage, as determined by a series of experiments made at Leicester. The deduction which most concerns us from these experiments is, that both processes, "like all chemical methods hitherto invented, *fail in purifying sewage to such an extent as to render it admissible into running water.* It still remains a fact," adds Dr. Frankland, "that no chemical process is known which even remotely approaches irrigation in its efficiency as a purifier of sewage." Both the Sillar and the lime processes remove to a great and nearly equal extent the suspended matters contained in sewage. The former increases the amount of dissolved solid impurity, but reduces the quantity of putrescible matter; the latter reduces both the amount of dissolved solid impurity and the quantity of putrescible organic matter, the reduction of the last being about the same as that effected by Sillar's process—namely, rather more than one-half. Further, Sillar's process produces the most valuable solid manure from the sewage. Both processes however, "signally fail" in removing dissolved nitrogenous organic matter from the sewage, the kind of matter which rapidly putrefies, and becomes an active agent in the pollution of rivers. Both processes, indeed, actually increase the amount of organic nitrogen in solution: that is, "the amount of organic nitrogen dissolved from the superadded matter of the raw sewage was greater than that precipitated by the chemical reagents added." This important deduction must lead to a modification of the favourable opinion we recently expressed upon the operation of the sewage works at Stroud.

SELF-SACRIFICE.

IF the public were better acquainted with the perils which attend the medical practitioner in the performance of his every-day duties, and how little the doctor is guided by what the world calls "prudence" when life is at stake, there would be less ingratitude exhibited towards our profession. Another of the many melancholy instances of unselfish and humane conduct on the part of medical men which we record from time to time, has come under our notice. Dr. Kough, of Bagshot, was called on Thursday, the 22nd inst., to attend

a poor man's child, about twelve years of age, suffering from what appeared to be severe quinsy. It was necessary to incise the tonsils, and in so doing Dr. Kough's finger was bitten by the child. The mere incision did not relieve the patient, and Dr. Kough proceeded to make an opening into the windpipe, and, as death from suffocation was imminent, placed his mouth to the wound and cleared the passages by suction. On Saturday (two days afterwards) he was seized with severe pains in his arm, with subsequent fever, and on the following morning he was attacked with diphtheria. He now lies in a very precarious condition.

PRACTICAL ANATOMICAL AND SURGICAL TEACHING.

A CORRESPONDENT, Mr. R. Prosser, touched last week upon a subject which is of very considerable importance to the pupils of our medical schools. He asserts pretty roundly that our medical teachers, whilst busying themselves with details, fail to impress upon their pupils those surface-markings which will enable them to diagnose disease during life, and to bring succour to the patient before it is too late. We hope that our correspondent's assertions are somewhat too sweeping; but we fear there is some truth in his statements. Whilst we believe there are many teachers of anatomy who point out the situations of the main vessels on the undissected subject, we think that most teachers of physiology would plead guilty to not instructing their pupils in listening to the sounds of the healthy chest. They rely, probably, upon the teachers of clinical medicine for this kind of instruction; and when the teacher is not too much in advance of his class, the pupil has, perhaps, the necessary teaching. The same thing may be said of surgical teaching; for, when the teacher has time and inclination, pupils are taught to compare the healthy with the diseased subject. But when surgeons become advanced in years and honours, they are, doubtless, apt to reduce their direct teaching to a minimum, and leave their pupils to gather, as best they may, the crumbs of knowledge that fall from them.

The necessity for the study of external form in relation to health and disease is not now brought before the profession for the first time. In the *London Medical Review* for 1861, Mr. Christopher Heath wrote a paper "On Anatomy in relation to Physic," in which the following sentences occur:—

"Taking medical students *en masse*, we may conclude that their object in entering a medical school, and that of the teachers in that school, is that they should all be at some future time able *practitioners*. Now, a man practises on the living body, however much its internal economy may be disturbed by disease or its outward form marred by accident; and as soon as it ceases to be a living body, the *practitioner's* interest in it ceases too. In educating a practitioner, therefore, it is but natural to suppose that we should begin by placing before him the living body, that he may accustom his senses to appreciate a healthy living body before having to deal with one in a state of disease. Is this ever done?"

In this paper the more salient points of the skeleton as seen in the living subject, and their medical and surgical bearings, were pointed out; and the same subject was taken up by Mr. Luther Holden, in a paper entitled "Medical and Surgical Landmarks," in the second volume of the St. Bartholomew's Hospital Reports.

We believe that in those schools where clinical teaching, or rather drilling, is systematically undertaken, the students are taught to compare the healthy with the diseased subject; and where a complete course of instruction in bandaging is given, which includes the reduction of dislocations, there the healthy joints are freely manipulated and their anatomy studied. It is the younger teachers who undertake these classes, that really lay the solid foundation of the students' knowledge, which the experience of the elder physicians can afterwards improve and expand. The tendency of the present day is to favour minutiæ and minute methods of research; to cultivate the sphygmograph and the thermometer (both valuable aids in their proper place), rather than the sense of touch, upon which the practitioner must for the most part rely; to stain every structure with carmine, and examine it with a $\frac{1}{12}$ inch power; to use 'scopes of every kind for every kind of disorder. If our correspondent's letter should have the effect of directing more attention to the "outward and visible signs" of health and disease, he will have done some good in his generation.

DR. MACLOUGHLIN AND THE ADMIRALTY COMMISSION.

DR. MACLOUGHLIN, after having been, for a longer time than we find it altogether pleasurable to look back upon, accusing medical officers of the services of ignorance as to the pathology and treatment of cholera, afterwards fell foul of them for holding there was such a thing as a syphilitic virus. On the whole, the medical officers did not appear to be much affected in health or spirits by the attacks made by the honourable member of the Legion of Honour. But Mr. Skey, as Chairman of the late Venereal Committee, has thought it advisable to prevent the public from being misled by the pertinacity with which the doctor promulgated his ridiculous notions, by pronouncing his opinion upon them. This he has done in a crushing letter to the *United Service Gazette*. Life is too short to engage in an argument with every casuistical-brained individual who has succeeded in bewildering himself with difficulties of his own creation. It may afford Dr. Macloughlin some pleasure to keep on reiterating the same thing after he has himself shown that he does not know his own meaning, much less that of other people. Nothing serves to prove the gross ignorance of the public more than the fact that such statements should have had the slightest effect on any educated mind. The appointment of a Commission after the publication of his pamphlet gave support to the belief that such Commission was in consequence of it; and now that the evidence has been from beginning to end dead against him, the obliquity of his mental vision is such that he claims for himself as much credit as if the verdict were unanimously in his favour. So far from the military and naval surgeons being behind, they were, if anything, in advance of their civil brethren in the knowledge they possessed of this class of diseases, and, what is more, they had from time to time been advocating the application of legislative interference to prevent or limit their propagation. Dr. Macloughlin has never, so far as we are aware, made any apology to those gentlemen for the aspersions which he ignorantly cast upon them.

APPLICATION OF THE ARTISANS AND LABOURERS' DWELLINGS ACT.

DR. BALLARD, of Islington, has done a great service in acting upon the above statute, and reporting certain premises, known as Parsell's-court, in a condition dangerous to health, and unfit for human habitation. Of course Dr. Ballard's conduct was quickly pounced upon by some of the vestrymen as officious, by others as cruel, and by others again as irregular. But he was amply supported by the chairman, and his report stands over for consideration at next meeting. The only way of arriving at a sound opinion of such an Act is by trying to work it; and we are glad that Dr. Ballard has thus early acted up to his duty. If the operation of the Act is cruel to owners of property, that is a fault which must be amended; but let us test the Act by using it. Dr. Ballard, in his report to the vestry, says:—

"The statutes under which we have more especially acted up to the present time have been the 'Nuisances Removal' and 'Sanitary' Acts; but these are inapplicable where the unwholesome condition of houses is dependent on faults of original construction and arrangement, extensive dilapidation, defective land-drainage and lighting, &c. And yet these and

the like faults are amongst the most important of those which call for remedy in the interest of the labouring classes. One great value of the present statute lies in this: that it in no way limits the ground on which I am at liberty to form or express a valid opinion as to the unwholesomeness of habitations; and it therefore enables us now to grapple with conditions over which we have hitherto had no control, or only an imperfect control."

PROSECUTION FOR FALSE USE OF MEDICAL TITLES.

A CORRESPONDENT encloses a bill for 5s., charged to a patient by a person who is certainly not on the Register, and who is probably not qualified. The charge is for two night visits. Our correspondent complains, not unreasonably, that the publicans are more effectually protected from unlicensed rivals than we are, and that the prosecution of irregular practitioners should devolve upon medical men. He has made application to the Medical Council to prosecute, and has received a note, of which the following sentence is a part:—"The Medical Council is not enabled to institute or conduct such prosecutions; but it will remit a part or the whole of any penalty that may be recovered towards defraying the expenses of the prosecution." In any amendment of the Medical Act two points must be insisted on—the compulsion to register of all persons practising, and a provision for prosecution by a public officer of unregistered practitioners. It is too bad that medical men should both have to register themselves and prosecute those who do not register.

EARTH CONSERVANCY AT DOVER CASTLE.

EXTENSIVE additions have lately been made to the outer fortifications of Dover Castle, and, pending the completion of the necessary drainage works, earth conservancy has been introduced. A series of simple wooden boxes have been constructed with a shoot and hopper, which delivers its earth as soon as the person rises from the seat. When first introduced, it was found necessary to enter into a contract with a neighbouring farmer to bring in dry earth and remove the refuse. Upon the termination of that contract, the offer was made that he should do the work for nothing, the officer in charge having observed the splendid crops which had been obtained from the application of the manure. This offer was embraced, and the solid refuse of the fort (which contains over two hundred men), and a considerable proportion of the urine also, are removed by means of dried earth, without any cost to the Government. It would appear that the refuse soil and weeds are collected by the farmer and burned. The mass is then passed through a sieve and conveyed to a covered part of the fort. The hoppers are filled daily, and the refuse is removed at regular intervals. One of the seats is situated in a close corridor behind casemates, in immediate proximity to the officers' apartments, and there is absolutely no smell. Those for the men are temporarily placed in a very confined situation, and we have every reason to believe that their action has been equally successful. It may be of interest to know that the seats, boxes, and hoppers were made by the soldiers at a cost of four shillings each.

HORRIBLE, IF TRUE.

THE *Parochial Critic* states that there are parishes in which the same van is used for carrying bread and conveying the sick, and that this is the last economy suggested by the master of the Hackney Workhouse. One guardian protested "against the same vehicle being used for the staff of life below, and for death in the upper compartment;" and the master excused himself by saying that he only reported what other parishes were doing. We trust this statement will attract the attention of Dr. Markham; for truly, as the *Critic* states, nothing can be more diabolical than to give any human being bread that has been shut up in the same conveyance with small-pox or typhus fever.

THE PUBLIC HEALTH.

THE mortality returns for the whole kingdom during the three months July, August, and September, are unfortunately only too corroborative of the impression gathered erewhile from a variety of sources that the summer season has been an exceedingly unhealthy one. With a mean temperature higher than ever previously recorded, and a very considerable reduction in the price of wheat, the records of the quarter show a large augmentation of both in-door and out-door pauperism, and an increased mortality representing an excess of more than twenty thousand deaths beyond the average for the season. All parts of the country appear to have felt the influence of causes inimical to health, the great towns contributing most largely, as usual, to the fatal results which swell the Registrar-General's death-roll. Looking at the several groups of counties, we observe that not one of them but exhibits an increased mortality, in many to a degree suggesting special sources of danger to life. The town and country districts suffered in very different proportions: in the towns, as compared with an average summer mortality of 22 per 1000, the rate in the last three months was 26; in the rural districts the rate was 20 per 1000, as against an average of 17. The mortality in some of the great towns was excessively high, notably so in Manchester, Salford, Leeds, Sheffield, Liverpool, Bradford, Hull, Birmingham, and Newcastle. A great deal of diarrhœa, scarlatina, fever, and other disease of a spreading nature prevailed very widely both in the urban and rural districts; the great heat in the one, and the want of water in the other, no doubt operating respectively as a powerful stimulant in the development of those morbific causes.

OVARIOTOMY IN ITALY.

OVARIOTOMY, which has now become so common an operation in this country, and to which our German and Gallic neighbours are beginning to be accustomed, is still a surgical proceeding of supreme importance in countries where it has seldom been adopted. In Italy, the operation had until now been performed eleven times only, and this accounts for the great enthusiasm with which a twelfth case, which has just occurred at Pisa, is spoken of and commented upon in the Italian medical journals. Professor Landi has been the venturesome surgeon who has added the twelfth operation to Italian experience of ovariotomy, and it is said that he accomplished his task beautifully. This is so much the more to be admired as it was his first attempt, and as he undertook it before a very large attendance of curious and anxious compeers. Not only all the medical officers of the hospital, but all the medical men of the town and suburbs, nay *confrères* from Leghorn and still more remote localities, crowded round the operator to witness the performance. Things went off in the best possible manner; no unfavourable circumstances troubled the course of the operation, and a large unilocular cyst, weighing with its contents fourteen pounds, was successfully extracted. Since then the state of the patient has progressed favourably. The Italian journals are warm in their praises of the courageous lady who submitted to the operation, and of the surgeon who undertook it, and we join in their wish that an operation which has produced such excellent results elsewhere, and saved so many lives seemingly condemned to death, may prosper in the warm climes of the South.

MR. CHEERE, COUNTY COURT REGISTRAR, ON PRACTICE OF PHYSIC.

R. CHEERE, Esq., Registrar, distinguished himself the other day by disallowing the most reasonable claim of a medical man for attendance on the child of a "sort of fishmonger." The plaintiff, Mr. Butler, of Queen's-road, Bayswater, sued the defendant for £3 11*s.* 6*d.* for medical attendance and medi-

cines. Among the items objected to were daily visits at 1*s.* 6*d* per visit. Mr. Cheere remarked, and he begged after much experience to do so emphatically, that it was unjust for medical men to make daily visits to poor people, and charge for them, as there was no malady to which flesh was heir that needed such constant attendance. Of all maladies bronchitis was one to which his remarks would more particularly apply, and he was ready to refer his opinion to any medical authority. We have no hope that Mr. Cheere will consider us nearly so great an authority as he thinks himself, but we beg to assure him that he never talked wider of the truth than when he uttered the remarks above referred to. There are many diseases for which people, whether rich or poor, require to be seen not only daily, but twice a day; and conspicuous among the diseases of children needing daily visits is bronchitis, which is one of the most fatal and insidious diseases of young people. What a discreditable thing it is that a man in Mr. Cheere's position, dressed in a "little brief authority," should so oracularly and with such self-complacency talk such nonsense, and authoritatively refuse the most moderate charges of a medical man. He "gave judgment by consent" for £2 12*s.* It is to be regretted that the plaintiff accepted the decision. We are sure no judge would have endorsed the decision of Mr. Cheere, whose notions of justice are of a piece with his knowledge of bronchitis.

PROFESSIONAL AMENITIES.

WE learn with regret from Salford, that the medical officer of health, Mr. Edmund J. Syson, has contrived to offend the susceptibilities of the majority of his medical brethren there. It would appear that Mr. Syson sent a copy of his last report on the health of his district to each of the medical men in it, together with a courteous invitation to meet him at the Town Hall on Friday, the 16th inst., at 7.30 P.M. "I am very anxious," wrote Mr. Syson, "to hear your opinion on various sanitary and other matters." Fifty-three invitations were issued; but only seven or eight of the invited acknowledged the invitation: four or five by being present at the time appointed; three by letters apologising for unavoidable absence. The rest of the profession did not consider that Mr. Syson's invitation merited the recognition demanded, even by common politeness; looked upon it, it would appear, as an offence against professional etiquette; and held that offence to be aggravated by the fact that Mr. Syson had sought to mollify objections by providing coffee for the physical gratification of his guests. Mr. Syson, believing he was taking a step which would prove how wishful he was to work in friendly co-operation with his professional brethren, has innocently placed himself in antagonism with the majority. He has made a discovery, in fact, which is sooner or later forced upon all earnest workers, that the best intentions are not always the readiest to be appreciated. Local gossip has commented severely upon the attitude taken by the bulk of the medical practitioners of Salford towards the medical officer of health in this matter. Mr. Syson may justly feel a little sore concerning the manner in which his courteous advances have, for the most part, been received by his professional neighbours.

THE MEDICAL OFFICERS OF BERMONDSEY.

IT is a healthy sign to observe that the *South London Press* is taking up the question of the salaries of the medical officers of Bermondsey. In a leading article the editor points out the need of insisting upon the fact that the "labourer is worthy of his hire;" and that the members of the healing art are the last persons towards whom a cheeseparing policy should be adopted, as it is upon the full and efficient discharge of their duties that the sanitary condition of the poor, and the consequent scale of parish expenditure, depend. To employ men who undertake the required duties at an insufficient salary is represented as most unwise, and as likely to entail, in the end, far heavier outlay than the fair remuneration of those who have already given good proof of their ability. Testimony is given to the character of the doctor as the "poor man's friend"—the fee being the last thing thought of, and the visits being paid and medicine and other comforts provided in innumerable instances without prospect of reward. The *South London Press* hopes to see the rates lowered without starving the paupers or underpaying the doctors. We are glad to observe that this expression of public opinion has brought the guardians to their senses, and that they have agreed, after rescinding their former resolution, to raise the salaries of the medical officers in Bermondsey £50 a year each.

HOSPITAL SUNDAY AT BIRMINGHAM.

THE periodical collections for the local charities were made in the various places of worship at Birmingham on Sunday last. The proceeds are this year devoted to the General Hospital. The returns up to the present time amount to £3473, a sum which will be considerably increased when all the returns are sent in. The expenses amount annually to about £100, and deducting this sum for each year, nearly £33,000 have been collected during the past nine years for the hospitals and minor medical charities of Birmingham by these united and earnest efforts of the ministers of religion. The following figures show the sums collected each year:—

1859	General Hospital	£5200	8	10
1860	Queen's Hospital	3433	6	1
1861	Amalgamated (minor) Charities	2953	14	0
1862	General Hospital	3340	4	7
1863	Queen's Hospital	3293	5	0
1864	Amalgamated Charities	3178	5	0
1865	General Hospital	4256	11	11
1866	Queen's Hospital	4056	12	9
1867	Amalgamated Charities	3287	10	0

This year a house-to-house canvass has been commenced in several parishes, but the returns have not yet been made.

GREAT NORTHERN HOSPITAL.

THE new wards which have been constructed for this hospital are now in occupation. They are formed out of the three houses which adjoined it, and of which the Committee have managed to secure a long lease. Additional space will thus be obtained for thirty or forty beds. The conversion of old houses into efficient hospital accommodation is an architectural feat involving no ordinary ingenuity, especially where, as in this case, there was not the opportunity of meddling with party walls. The Committee, however, have been fortunate in obtaining the honorary services of Mr. Somers Clark, the eminent architect (well known amongst other works for his construction of the Turkish bath in Jermyn-street), and under his hands a very convenient little hospital has risen up with singularly small expenditure in brick and mortar. It is provided with all requisite offices, including an operating theatre and post-mortem room, the want of which was much felt in the old hospital. The nursing is conducted by ladies under the general superintendence of the Rev. T. Dale, and no better can be found in the metropolis.

SIR D. CORRIGAN FOR DUBLIN.

SIR DOMINIC CORRIGAN is now fairly before the electors, having been unanimously chosen by the Liberals of all sections. A subscription list has been opened by the profession in Dublin for defraying the very heavy expenses necessary for the purpose of gaining so able a representative of their views in Parliament. Drs. Lyons, R. McDonnell, and Mapother have undertaken to act as treasurers. The opening list of subscribers will be found in another part of our impression. The Liberal journals speak in terms of the utmost satisfaction of the appearance of Sir Dominic Corrigan in the field. The *Freeman* characterises his address as "bold, manly, and spirited." The return of so

eminent a physician would be a matter of gratification to our profession; and his opinion on the several measures of a sanitary, social, and medical character which must come before the new Parliament would not fail to be most useful to the House.

OUTBREAK OF FEVER AT NORTH SHIELDS.

A VERY remarkable outbreak of fever has occurred at North Shields. Some practitioners have as many as sixty or eighty cases. Several cases are found in the same house. The distribution of the disease is such as to suggest the existence of some contamination of the water-supply of the town. The disease is of the typhoid kind, characterised by fever, furred tongue, delirium at night, quick pulse, and sometimes rose spots. Our informant, Dr. Emmerson, had seen in one day sixty cases. The patients are of all ages, but a large proportion of them—perhaps two-thirds—are children. For the most part the cases are mild; and they are almost entirely limited to the upper and better portion of the town, the lower and worse parts being nearly free. Dr. Emmerson had seen one case in the exempted portion of the town, but it had come from the other part. Both are supplied by the same Water Company, but from different reservoirs.

A GOOD EXAMPLE.

WE commend to special notice the course taken by Mr. Brown, of Glais, in Swansea Vale, who, having been offered the post of medical officer to a district of the Bodmin Union, at a salary of £60 per annum, refused the appointment, because his neighbour, Mr. Mudge, had resigned it on account of having applied in vain for an increase of salary. If the members of our profession were always as careful of each other's interests, and as practical in resisting the parsimonious treatment of Poor-law guardians, we should soon have little need for Poor-law medical associations or Poor-law medical reform.

"MATERIA MEDICA AND THERAPEUTICS."

THE Educational Committee of the Medical Council have been seeking information from some of the teachers on "Materia Medica and Therapeutics" as to the best mode in which these subjects may be taught in the schools. Dr. Headland's opinion on such a point is of great value, and he has, we believe, declared in favour of a division of the present system. He thinks that lectures on Materia Medica should be given in one summer course in conjunction with practical demonstrations in Pharmacy, and Therapeutics should be taught in a second summer course, and accompanied by practical demonstrations in the hospital wards. There would be room for this and the additional practical courses, Dr. Headland believes, if abstract studies, such as Chemistry and Botany, were relegated to the period of preliminary training.

THE fourth meeting of the Italian Medical Association is now being held in Venice. Various measures have been taken with the object of rendering it as brilliant, as well attended, and as successful as possible. It is to be hoped, however, that some more practical fruits will be derived from it than have resulted from the three preceding sessions. Among the numerous scientific and professional questions contained in the programme, we extract the following as worthy of being noted:—"On the institution of baby asylums." "On the mortality of new-born children; and on the provisions which may be made to guard against the communication of syphilis in wet-nurses and sucklings." "Indicate the bases of a new legislation for the sanitary institutions of the kingdom." "Point out a scheme of uniform legislation for medical studies and medical faculties throughout Italy." "On the practice of pharmacy." "On the foundation of a vast mutual society or association to provide for the wants of unfortunate members of the profession and their families."

LONDON continues to exhibit a very high death-rate. Last week 1421 deaths were registered, including 105 from scarlatina, 67 from fever (typhus, typhoid, &c.), 192 from phthisis, and 120 from bronchitis. A marked increase in the deaths resulting from these last two diseases is noticeable during the last three weeks.

AN Hospital for Incurables is, we hear, to be founded at Oxford, at a probable cost of £50,000. An influential provisional council, of which the Duke of Northumberland has been appointed president, has been constituted for raising the necessary funds.

THE first convictions in Plymouth under the provisions of the Contagious Diseases Act were made on the 23rd inst., two young prostitutes being sent to prison for a month each, for refusing to attend examination. It has been found absolutely necessary to make an example of some of the women, that it may be thoroughly understood the Act is not to become a dead letter.

WE learn from the *Rangoon Times* that Dr. Garnack, of the Madras army, was presented with an address on leaving Port Blair, signed by the inhabitants and every public officer in the settlement. Dr. Garnack was the oldest resident of the place, having been there since its first opening as a settlement ten years ago.

MR. HULL, the legal candidate for the coronership of Surrey, was elected to that post on Monday last. Dr. Holland's candidature was injured by the circulation of a most unfair rumour that he had retired from the contest, as a consequence of which many of his friends made over their support to the other candidate.

AT the last meeting of the Guildford Board of Health it was agreed that if a piece of land could be obtained by way of donation, the sum of £800 should be expended in the erection of a "fever house."

THE inquiry into the alleged ill-treatment of a pauper at Lambeth Workhouse has terminated, and the report of Dr. Markham will probably be made confidentially to the Poor-law Board. In justice to all parties, we hope that its conclusions will be published as soon as possible.

MR. R. CEELY has called the attention of the Aylesbury Board of Guardians to the neglect of vaccination in the district. A resolution was adopted to take proceedings against the recusants, or at least against a selection of them, to show that the law must be obeyed.

A GREAT many serious cases of small-pox have lately occurred at Wimbledon.

MUCH-NEEDED sanitary improvements are, we learn, being energetically carried out by the Morpeth Board of Health.

INSTEAD of three medical districts, the Bristol Union has now been divided into four, each carrying an equal salary of £100 for its medical officer.

DR. ROBERT ADAMS, Surgeon in Ordinary to her Majesty in Ireland, has been appointed Regius Professor of Surgery at Trinity College, Dublin.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

ANNUAL MEETING AND DINNER.

THE annual meeting of the Poor-law Medical Officers' Association was held on Tuesday evening, at the Freemasons' Tavern, Lincoln's-inn-fields. The quarterly report of the Council was brought up by the president, Dr. Rogers, and submitted to the meeting. It stated that the Council had been chiefly occupied during the past quarter in completing the organisation of the Association, which now numbered 600 members, and was efficiently represented by 66 local secretaries in nearly every part of England and Wales. The report went on to state that the Council, having carefully considered the subject, are of opinion that it is desirable to devote all their efforts for the present to the attainment of two of the principal objects of the Association—viz., permanence of appointment, and adequate remuneration. A Select Committee of the House of Commons, in 1854, recommended that every medical officer should be appointed for life. How imperfectly this had been carried out was shown by hundreds of medical officers being still subject to annual re-election, whereby their usefulness is sensibly impaired, and their necessary independence curtailed. Though it was acknowledged by all that the scale of remuneration was inadequate and unequal, no action had been taken by the Poor-law Board to remedy this grievance. The Council were of opinion that an appeal must be made, and in the meantime the Association and the members must do their utmost to increase their parliamentary influence, and to secure pledges in favour of Poor-law medical reform from candidates now presenting themselves for election.

The PRESIDENT moved the adoption of the report in the following terms:—"In rising to address you at this the first quarterly meeting of this Association, I think I may fairly congratulate you on the position we occupy. Barely three months have passed away since it was decided by the Council of the Metropolitan Association to appeal to their provincial brethren to join them in a common effort to improve their position as servants of the State, and now some six hundred have sent in their names as members. These figures are indeed eloquent. These six hundred gentlemen, scattered over the various counties of England and Wales, from Northumberland to Cornwall, have made common cause with their brethren of this metropolis, and, if we are to judge from the tenour of their communications, have resolved to stand together until they obtain from the Poor-law Board a fairer and more just recognition of their claims. Now, gentlemen, it is one thing to organise an association; it is another and far more difficult task to devise the readiest and therefore the best mode by which its objects may be attained; and here it will be necessary for us to be extremely circumspect. There is no question that the claims of Poor-law medical officers are unfavourably looked upon by guardians and the Poor-law Board. It is true that here and there we find individual members of local boards who take a comprehensive and just view of Poor-law medical requirements. They have learnt the intimate relation which exists between sickness and pauperism; and wherever they possess sufficient influence, the result is seen in greater consideration and respect shown to the representations of their medical officers. Remember we have the press pretty generally with us; we have the philanthropists, who see the folly and wretchedness of the present system; and, further, we have the politico-economists, who note with much concern the steady strides which social degradation and pauperism are making in our midst. Depend upon it, the eminent candidate for the representation of the Universities of Edinburgh and St. Andrews, Dr. Lyon Playfair, does not stand alone in considering that to give a miserable salary to a medical officer, and compel him out of that to find all medicines, &c., for the sick poor, is an amazing instance of maladministration, or in the conclusion he draws that such palpable errors of administration have augmented pauperism instead of diminishing it, and wasted the resources of the country instead of husbanding them. As you are doubtless aware, a movement was commenced some three years ago for the purpose of calling public attention to the improper manner in which the sick poor of London were treated in several of our metropolitan workhouses, and, as a result, very considerable modifications of the law were made. We have recently had an opportunity of reading the annual report of the Poor-law Board, and in its pages may be found what has been done, or attempted to be done, during the past year. It is truly a very meagre affair. Credit has been taken for certain things which some of us in this room were instrumental in urging on the Board. But I observe their friends in the press have much commended the activity of the Board. Bearing in mind that the whole of Ireland was parcelled out into dispensary districts in little more than a year by the Irish Poor-law Commissioners, and not being favourably impressed with the magnitude of what has been done here, I have made independent inquiries, and the result is that in the very pauperised districts of Bethnal Green there is no change, nor in Camberwell, Chelsea, Hackney, Hampstead, Holborn, Islington, East London, West London, City of London, Woolwich, Greenwich, St. Marylebone, Wandsworth and Clapham, St. Pancras, and Rotherhithe. In Bermondsey and Clerkenwell there has been a slight increase of salaries, but no other change. I learn that in Poplar, St. George's-in-the-East, and Mile-end, where medicines and dispensers are found, the change for the better, both for officers and sick poor, is remarkable. In the Strand—the union I was formerly connected with—not only is there no change, but I understand that one thing I complained of to the guardians and to the Poor-law Board eleven months ago still remains in full force. I refer to the monstrous folly and wrong-doing committed in admitting their houseless poor into the interior of their workhouse, and then employing them in labour which necessarily mixes them up with the decent old inmates without any attempt at classification. So satisfied is the Poor-law Board with the management of the guardians that they specially arranged their order for the modification of the union so as to preserve every one of them; and, if I am correctly informed, neither of the two inspectors has been there for months. You can, therefore, well understand that the guardian who, at the Strand inquiry, called mesenteric disease "something to eat," should have expressed publicly his perfect confidence in the Poor-law Board. In St. Luke's, Old-street, Woolwich, and many other unions, not only has no increase of salaries been made, but even the paltry extras, such as vaccination fees, have been remorselessly swept away; and in several districts officers are now only temporarily appointed, and, therefore, their hands are tied in ordering necessaries for the sick. Indeed, in but few instances has any improvement been made, and where it has occurred it is too trifling to mention. You will thus see that there is much truth in the cynical remark of one of our metropolitan inspectors, "that the Act was intended to benefit boards of guardians and not doctors." Mr. Gathorne Hardy, on introducing the Metropolitan Poor Bill, laid great stress on certain points. Amidst the cheers of the House he stated that the salaries were insufficient, and that he intended to improve them, and that all medicines were to be found. You learn by what I have stated (thirteen months after the Act had been in operation) how imperfectly this has been done; if here and there an increase in an officer's salary has been made, it only brings into strong relief the inequalities and discrepancies existing elsewhere. Now I contend that as soon as the Act was passed, it became the duty of the Poor-law Board to have laid down a basis for the salaries of all the officers in the metropolis, seeing that formerly they were paid from local sources, but now from a common fund. The case of the medical officers is even stronger, for one-half their salaries is still paid from the Consolidated Fund. We would urge that the permissive clauses should be made obligatory on the Poor-law Board. That they might have been secured in the first instance I can bear witness; and yet I learn, with reference to the out-door sick poor, that it is only when the guardians concur in the proposal of the Poor-law Board that orders will be issued for the election of dispensary managers. In the Act itself no such concurrence is necessary. In a western union I learn that Dr. Markham recently attended the Board meeting, and said that it was decided that dispensaries were not to be established, and that the officers were to go on as before. But whilst we thus learn on the best authority that the dispensary portion of the scheme is to be quietly dropped unless local boards are willing to take the initiative, they are encouraged, even ordered, to rush extensively into bricks and mortar. A return of all that has been done or is about to be done would present, I fear, a perfectly frightful expenditure of money, and yet the sections of the Act, which, if properly worked, would diminish much of the necessity for this outlay, are allowed to fall through. I mean the full, perfect, and complete carrying out of the dispensary system. Grant the means for early and efficient attendance on the sick poor in their own homes, and the necessity for their wholesale removal to workhouse infirmaries would cease. Now, what is it that we must first set ourselves to do? By every means in our

power increase our parliamentary influence. If we can secure the aid of some active earnest members, who will be listened to in the House, our position will speedily improve. Once let it be known that we have a few friends there who will not be cajoled, and who will be disposed to move for returns and put questions, even though they be disagreeable to the permanent officials, and you may depend upon it that we shall have an altered tone and bearing in their official dealings with us. Let me call to your minds the concessions to the medical profession obtained by the late member for Finsbury, Mr. Thomas Wakley; and yet for years he was the only medical man in the House. If you choose to exert yourselves within the next few days, draw the attention of candidates of all shades of opinion to the disabilities and grievances under which you labour; and, wherever you can, obtain a promise that they will aid you if returned to Parliament. Where you cannot obtain an interview, write and inquire what are the candidate's views on this question. You may see in THE LANCET, and other medical journals of the 10th inst., a series of propositions well suited to elicit opinion. It is determined to draw up a general form of petition to be circulated amongst our members for individual signature, and we trust to be able to have these presented to the House early in the ensuing year. Already we can inform you that some members who feel pretty sure of election have promised us their aid in moving for returns; and between this and our next quarterly meeting the Council hope to decide upon what it is expedient to move for. And now to a matter somewhat of a personal character. You may remember that after the close of the meeting in July I received a letter from Mr. Villiers, ex-President of the Poor-law Board, in which he questioned the accuracy of a statement made by me at the aggregate meeting in June last, in reference to Mr. Inspector Gulson and his advice to the Weymouth board of guardians, in so far as that statement reflected on him as President of the Poor-law Board. I regret that the letter came too late for our meeting, as it would have afforded me much satisfaction to have emphasised my belief that the statement respecting Mr. Villiers was not true, and I now avail myself of this opportunity to state what I believe to be the truth. That it was to the exertions of Mr. Villiers on the select committee that the concession of the recommendation that cod-liver oil, quinine, and expensive medicines should be found by guardians was made; that, further, he advised that guardians should find all medicines; that he directed the issue of the circular letter respecting the employment of paid nurses in workhouses; and that he advocated a common rating for the maintenance of the London sick poor. In this latter proposal all philanthropists coincided with him; his views were identical with those of Miss Nightingale, whose ideas are well known, and who, I believe, holds the opinion that poor sick people should not be considered as paupers, but, as it were, the children of God; and being stricken with illness, should belong to no union or parish, but to the community at large, by whom, being poor, they should be taken care of and cured as soon as possible. Many gentlemen may possibly agree with me that if the late Government had remained in power a larger scheme of practical utility would have been propounded. Indeed, I should not be surprised to learn that the outline of such scheme was actually in preparation by Mr. Villiers for submission to the House. Certain it is that during the passage of the Act through the House I communicated with Mr. Villiers, and he was good enough to adopt some of my suggestions and press them in committee, but, unfortunately, without avail. I have now to move the adoption of the report.

This was unanimously carried.

Dr. THOMAS moved the first resolution,—"That in the opinion of this meeting the salaries of Poor-law medical officers are totally inadequate to the onerous and very responsible duties they are required to perform, and this meeting recommends that the Council of the Association be authorised to memorialise Parliament on the subject, and to take such other steps as they may deem requisite to ensure to the medical officers a system of fair and equitable remuneration for their professional services." In supporting the resolution, Dr. Thomas quoted statistics showing the vast number of sick poor attended by the medical officers, and the smallness of the gross total which they received for their services. And then this was most unfairly and unequally divided, not only in different parts of the country, but also in the metropolis, and even in the different subdivisions of the same parish.

Mr. BENSON BAKER seconded the resolution, and urged the importance of having properly paid Poor-law medical officers on the public health and parochial rates. The medical officers had great power to check the spread of zymotic disease, which, gaining ground amongst the poor, attacked also the rich. If through neglect it reached the head of the family, the whole family frequently became pauperised, and remained a burden on the rates sometimes for generations. A Poor-law medical service, duly paid, could do much to prevent this waste of health, life, and money. Mr. Baker proceeded to speak in very gloomy terms of the effect of recent Poor Acts in gradually pauperising the artisan class. Strong young people in receipt of good wages did not scruple, the moment they were ill, to go to the district medical officer. Employers of labour also frequently sent their underpaid servants to the parish for medical relief. The effect of the late Poor Act was to throw a vast increase of work, and very important and responsible work, upon the medical officer. And yet they had received not a particle of extra pay for their services. He maintained that they ought to demand such increased remuneration as would enable them to carry out their duties as faithfully as they could wish.

The resolution was then put and carried.

Dr. FOWLER moved the second resolution,—"That this meeting is of opinion that all Poor-law medical officers should be appointed for life, as recommended by the Select Committee of the House of Commons in 1854." He showed how in practice the greatest disparity existed in reference to permanence of appointment. The general order required residence in the district. Yet there were medical officers who resided many miles away from their patients who were permanent, while others living in their immediate vicinity were subject to annual election. Permanence guaranteed effectiveness by enlarging their experience.

Mr. BRUCE cordially seconded the resolution, as being a sufferer by the case in point. He had understood, when elected, that he was a permanent officer, but he had afterwards found to his sorrow that somehow his case did not come under the general order.

The resolution was then put and carried.

Dr. SMYTHE proposed, and Dr. LESLIE seconded, a vote of thanks to the President and the officers of the Council, after which the members sat down to their annual dinner. After an excellent *menu* had been gone through,

The PRESIDENT rose and proposed, "The Queen, the Prince and Princess of Wales, and the rest of the Royal Family," which being cordially responded to, "The Church," and "The Army, Navy, and Volunteers," were successively given. These were responded to by the Rev. Harry Jones and Dr. Dixon respectively. The toast of the evening, "Prosperity to the Poor-law Medical Officers' Association," proposed in an able speech by Dr. Rogers, was responded to by Drs. Fowler and Brett. In proposing "The Press," the Chairman paid a high tribute to the great services rendered by the public journals to the medical profession. He made special mention of the *Daily News* and THE LANCET. The special commissioners sent down by THE LANCET to investigate the condition of the sick poor in workhouses led him to couple with the toast the names of Dr. Anstie and Dr. Stallard, who were present and responded. The celebration concluded with the health of "The President," to which Dr. Rogers feelingly replied.

DISEASES OF WOMEN AND CHILDREN.

WE understand that a meeting of the obstetric teachers of London was held on Tuesday last, to consider the questions submitted to them by Mr. Syme's Committee on Education—viz., in reference to

1. The topics which may most advantageously be included in the subject of Midwifery and Diseases of Women and Children.

2. The period in a four years' course when they can be most profitably studied, and the length of time which should be devoted to them.

3. The manner in which they can best be taught, by lectures, or practical instruction, or otherwise.

There is a pretty general agreement amongst the lecturers that the theoretical part of midwifery is well taught in London; that diseases of women should receive more systematic attention; that diseases of children are on the whole too much neglected; and in order that facilities for clinical instruction in this branch of medical knowledge may be secured, it is of importance that each hospital should have a separate ward for

infants. At present no definite replies have been prepared to the Committee's queries, but it is thought that in addition to representations in accord with the above suggestions, recommendations may possibly be made in favour of instituting in the third year's winter course a series of lectures, specially of a clinical nature, in "obstetric" subjects.

Correspondence.

"Audi alteram partem."

THE MARSHALL HALL METHOD.

To the Editor of THE LANCET.

SIR,—You may imagine the pleasure it gives me to see my father's labours appreciated as Dr. Ellis has appreciated them.

His version of the rules for the treatment of apnœa seems to me as valuable as it is modestly and properly put forward. I would indeed suggest the addition to his first rule of some such words as "upon the wrist." But the adaptation, without change, of the original rules to the language of the imperfectly educated will be of service which is simply immense; and I hope the medical profession will weigh and discuss in proper spirit every sentence and word of Dr. Ellis's rules.

Upon the question of a Scholarship it becomes my father's son to say little. But, in case such a thing should be further thought of, I am anxious it should not be forgotten that the name I am so proud to bear, however unworthily, should not only be reverenced in connexion with purely professional science, but as the name of one who suggested, in 1849, the Thames Embankment; a practicable mode of utilising sewage; and a tide-excluding wall, which would have increased the value of river property, instead of putting the public to enormous expense for compensation. He also proposed a "Society of State Medicine," which, I see, formed the title of a pamphlet a year or so since.

The details of all these matters may be seen in the memoir of my father, published by Bentley. The original published letters &c. in which these plans were first put forward are doubtless now out of print.

There are, besides these, many and varied matters upon which my father's suggestions have been adopted, but without mention of his name.

I have, however, said enough; and remain yours faithfully,

Cleveland-terrace, Hyde-park, Oct. 28th, 1868. MARSHALL HALL.

To the Editor of THE LANCET.

SIR,—I do not think Mr. Ellis's directions for carrying out Marshall Hall's method are sufficiently explicit. For example, "Instantly place the patient on the *face and side*, supporting the head," would mislead non-professional persons, who would not know whether to place him on his face *or* side. Rolling "the patient from face to side, and back again, changing the side," would also, in my opinion, convey a very indefinite notion of Marshall Hall's process, and probably result in an inefficient tumbling of the body about, which would excite the ridicule of the bystanders and be speedily given up. In my opinion, to be of any use, the method should be thoroughly carried out, and I would therefore suggest the following modification of Mr. Ellis's placard:—

Lay the drowned man at once flat on his belly with his face to the ground, and a folded coat or bundle under his chest.

Place your hands flat between his shoulder-blades and make *firm* pressure, so as to *squeeze the air out* of his chest; then turn the body *slowly* on to one side and a *little beyond*. Replace him *quickly* on his face. *Count four*, to mark four seconds of time, and then repeat the process, commencing by squeezing the air out of the chest again.

Wet clothes should be removed and dry ones substituted, each bystander contributing. The body to be rubbed dry briskly, and the face kept from contact with the ground by an assistant.

Do not squeeze the air out of the patient's chest if he is breathing, but wait and watch, merely drying the body and changing the clothing.

Medical men may of course adopt any process they please, but I would suggest to the National Life-boat Institution that it would be much better to give the details of Marshall Hall's method only. A description of the two methods confuses non-professional persons; and in such hands, in cases of drowning, Marshall Hall's method is unquestionably a better one than Silvester's.

M. Labordette's researches have demonstrated that in drowning, water (sometimes in considerable quantity) passes into the lungs; and when such is the case, the advantages of the prone position, which permits the exit of fluids, need not be dilated upon. Had I to treat such a case, I should place the patient on an inclined plane with the feet elevated, pull forward the tongue, and, if necessary, empty the stomach of water by a syphon-tube.

I am, Sir, your obedient servant,

Nottingham, Oct. 1868. CHARLES TAYLOR, M.D., F.R.C.S.E., Surgeon to the Eye Infirmary.

OUR ARMY DOCTORS.

To the Editor of THE LANCET.

SIR,—There is much in the letter of "An Old Combatant Officer," published in THE LANCET of the 24th, and in the editorial remarks thereon, with which I cordially agree.

1. To have an establishment of governors, captains of orderlies, nurses, and purveyors, all independent of the principal medical officer, is the surest way that could possibly be adopted of obtaining for the sick soldier the smallest amount of necessary attention with the greatest amount of complication in the manner of conducting duty, and the largest expense to the British taxpayer.

2. Decidedly the principal medical officer, who is already responsible for the management and proper care of the sick, is the person in whom authority should rest in regard to all matters that bear, whether directly or indirectly, upon the conditions of sick and wounded under his charge, and of which the mere professional attendance is a comparatively small item.

3. Whether medical officers are or are not to be amalgamated into one corps, their dress should be becoming and suitable to their position as members of a scientific body. Most certainly the present distinctions in their uniform as contrasted with that of "combatant" officers should at once cease.

4. I quite agree with your correspondent that medical officers should have the power to remain in regiments—a power which, however, they can only have by continuing the present system of having them actually belonging to, and part and parcel of those regiments. To have them *in* regiments, but not *of* them, would give them the same relative interest in the members of the corps that a lodger or boarder would have in the individuals of the family in which he for the matter of convenience resides. To *belong* to the family is a very different thing.

5. Your correspondent compares surgeons and parsons. In former days priests did attend the wounded in battle; but then no special administration for transport, care, and their after disposal was necessary. When a man fell wounded, he was simply left to die or recover, according to his good or ill fortune. Now, however, the medical administration in connexion with a campaign is acknowledged to be, perhaps, only second in importance to that for actual military operations; and the Duke of Wellington, by the attention that he bestowed upon the arrangements of his principal medical officer, has given proof that he thus viewed it. Medical officers are required, not for their own good, but for that of the officers and men among whom they serve, to accompany fighting parties. Surely, then, it is but right that they should carry insignia of rank, and degree of responsibility, as do other officers, whether administrative or not. The returns of killed and wounded of all campaigns contain a goodly proportion of names of medical officers; and, therefore, it is surely plain enough that men who like them are exposed to attack by an enemy ought to have the means of defence—aye, and of offence also.

6. Recent experiences in America and in Prussia have demonstrated to the authorities of those nations what our own Robert Jackson advocated last century—namely, that the circumstance of medical officers having to perform other duties than those of leading soldiers against an enemy, does not interfere with the fact of their being officers nevertheless, and that actual rank is as necessary to them to render them completely effective as it is to any others charged with the management of

soldiers. As matters at present stand, a medical officer cannot perform a single portion of his professional duties in hospital without virtually setting at defiance the provisions of a royal warrant. According to the strict letter he is not empowered either to *order* a soldier to take a dose of medicine, the compounder to prepare it, or the attendant to convey it to the patient,—each and all of these proceedings involving the exercise of *military* command.

The removal of such anomalies does not rest with the medical department; but as the interests of the public service are involved in them, I believe I am justified on these grounds in writing regarding the subject.

I am, Sir, yours obediently,
C. A. GORDON,
October, 1868. Deputy Inspector-General.

THE LARYNGOSCOPE.

To the Editor of THE LANCET.

SIR,—Being frequently called upon to use the laryngoscope, I have tried to devise some better means than those in general use to diminish the irritability of the fauces, and thereby prevent the involuntary contractions of the pharynx, which in many cases make a laryngoscopic examination very difficult, and in some altogether impossible.

Sir Duncan Gibb recommends the internal use of bromide of ammonium; and Dr. Morell Mackenzie thinks it best to give the patient small pieces of ice, to retain in the mouth for a short time previous to the introduction of the mirror. I have frequently tried Dr. Mackenzie's method; but the anæsthetic effect of the ice is not complete enough, and passes away too rapidly. In order to keep up the influence of cold on the larynx and pharynx, I am now in the habit of using a waterproof bag, about ten inches long and two broad, supplied with strings at each end, and loosely filled with pounded ice mixed with salt. The open end is then tied up, and the bag fastened round the neck of the patient by means of the strings; so that the ice be applied to the larynx and neighbouring parts, no pain or inconvenience is felt from the cold, although the bag is kept on during the whole time the examination lasts. The degree of anæsthesia thus produced after a few minutes is remarkable. I have overcome by this means the irritability of the pharynx, and obtained a good view of the larynx in cases which at first appeared quite unmanageable. A few pieces of ice, kept far back in the mouth, appears to hasten the anæsthetic action. I am, Sir, your obedient servant,

Harley-street, Oct. 1868. WILLIAM MARCET.

LONGEVITY.

To the Editor of THE LANCET.

SIR,—*The Times* of the 21st inst. records the death of a labouring man named Richard Purser, who, according to apparently sufficient evidence, had attained the age of 112 years. This patriarchal length of days, although rare, is not unprecedented even in comparatively modern times. Henry Jenkins is said to have lived for 169 years. He was born in the reign of Henry VII. When a boy, he took a cartload of arrows to the English army at Flodden Field, and lived to relate the circumstance in the reign of Charles II. Thomas Parr, well known as "Old Parr," died at the age of 152, and enjoyed the posthumous distinction of being dissected by Harvey. Attila, the King of the Huns, is recorded to have died in his 124th year, but as his death is attributed to sexual indiscretion, we perhaps may be permitted to doubt whether his age is stated correctly. Jean Claude Jacob, a serf from the Jura mountains, appeared before the National Assembly of France in the time of the first revolution when he was 120 years old. There is said to be an inscription in Camberwell Church perpetuating the memory of Agnes Skuner, who died at the age of 119, having been a widow for 92 years. In Hendon Churchyard is the tombstone of an old woman who died at 104. A tailor of Chertsey was introduced to William IV. on his 100th birthday, and survived the interview for four years.

Many other examples of similar longevity might be mentioned. But though in a series of generations it is easy to find that a not inconsiderable number of persons have survived 100 years, yet, as compared with the mass of humanity, their number is almost infinitely small. Few travellers reach the end of that bridge which has a hundred arches; most fall victims to the dangers of the road. Few men live long enough to die of old age. They succumb to one or other of the diseases by which life is beset, but which are not the inevitable accompaniments of any period. With regard to the fortunate few who escape premature death from what may be considered accidental rather than necessary causes, we may wonder, not why they live so long, but why they die so soon. Indeed we do not know, or know only very imperfectly, why they die at all. We scarcely know anything about the progressive changes that take place in the body which lead to its inevitable destruction after an existence of between one and two centuries. It is a matter of interest and importance that we should learn what are the definite and material changes which occur as the result simply of age. How are the nervous, muscular, and glandular structures altered? Are they degenerated into oil, or replaced by connective tissue? What is it stops the machine?

I have seen no account of a post-mortem examination of the body of Richard Purser; but I cannot doubt that, had his tissues been minutely examined, we should have obtained some facts towards the solution of the question how age kills.

My object in troubling you with this communication is to prevent the loss of such another opportunity. I should eagerly avail myself of any chance of examining the body of a centenarian, and should esteem it a favour if any gentleman who is able to do so would give me such an opportunity.

I am, Sir, your obedient servant,
Chesterfield-street, Mayfair, Oct. 1868. W. H. DICKINSON, M.D.

ARMY MEDICO-CHIRURGICAL SOCIETY OF PORTSMOUTH.

THE last monthly meeting of this Society was held at the Garrison Hospital on Wednesday, the 7th instant—Deputy Inspector-General Gordon, M.D., C.B., in the chair; and was more than usually well attended. The papers read were of an interesting nature, and consisted of a Case of Abdominal Aneurism, by Surgeon Porter, 97th Regt.; Three Cases of Aortic Aneurism, by Surgeon Lamprey, 67th Regt.; a Case of Suicidal Gunshot Wound of the Skull, by Assist.-Surgeon McFall, 34th Regt.; and a paper on Yellow Fever, by Inspector-General Lawson. The subject of the last paper occupied a considerable portion of the Society's time, and called forth some valuable observations from Sir David Deas, K.C.B., who, from his long service on the Brazilian coast, and his personal knowledge of a remarkable outbreak of this epidemic at Pernambuco in 1848, was able to give some important information on the subject of its importation into a previously healthy locality.

In the course of the proceedings the Chairman stated that he had much pleasure in informing the meeting that the War-office authorities had given the Society their countenance and support, and were about to confer some substantial benefits on it.

Altogether, this meeting of the Society was amongst the most successful and best attended of any that have taken place since its institution. The medical officers of the garrison met several of their naval and civil brethren in the neighbourhood, which augurs well for its future success.

The library in connexion with the Society is already assuming extensive proportions, owing to the numerous and valuable contributions made to it lately.

BRADFORD MEDICO-CHIRURGICAL SOCIETY.

THE annual meeting of this Society was held on the 3rd inst., in the Philosophical Society's house. The secretary's report of the proceedings for the past year was pronounced as most satisfactory. The monthly meetings were very well attended, and the papers read numerous and of an instructive and practical character. A number of interesting morbid specimens, illustrative of certain cases, were exhibited by the members, many of which were preserved by the Pathological Committee recently appointed for the purpose. The president (Dr. Burnie) was unanimously re-elected for another year. The treasurer (Mr. W. H. G. Buckler) and the secretary (Dr. Goyder) were also re-elected.

On Friday evening, Oct. 23rd, the members dined together at the Victoria Hotel. Dr. Burnie occupied the chair, and

C. H. Taylor, Esq., the vice-chair. In addition to the members (amongst whom were R. H. Meade, Esq., and Dr. Bridges, the ex-presidents), Drs. Chadwick and Clifford Allbutt, and S. Hey and T. P. Teale, Esqrs., of Leeds, were present at the invitation of the president. Some able speeches, relating to the Society and the progress of medicine and surgery, were delivered by Dr. Bridges, and Messrs. S. Hey, Foster, Sugden, and others. A thoroughly enjoyable evening was spent. In responding to the toast of "The Leeds School of Medicine," Mr. Hey spoke of the value of medical and surgical societies, and of the influence for good which friendly gatherings, like the one at which he was a guest, had upon the profession. He expressed his warm thanks for the reception which the Leeds gentlemen had received; and trusted that that meeting would lead to further reciprocities, and to greater union in the interests of medical science, between the practitioners of the two principal towns in the West Riding. He expressed a desire, also, that the Bradford gentlemen would avail themselves of the proximity of Leeds to be present at the forthcoming meeting of the British Medical Association.

ROYAL COLLEGE OF PHYSICIANS.

AT the Comitia Majora held on Thursday last, the only business of importance was the motion of Dr. C. J. B. Williams for altering the law of recommendation to the Fellowship. The original proposal of Dr. Williams was divided into two paragraphs:—

1. Before the Council proposes the list of members to be proposed for the Fellowship, it shall be open to receive for consideration the name of any member or members of a certain standing recommended by two or more Fellows with a statement of the grounds of their recommendation.

2. Further, if not satisfied with the list of names recommended for election by the Council, it shall be open to any of the Fellows to add to the names on the list; the list so altered shall be suspended in the hall of the College for a fortnight, at the end of which time a Comitia Majora shall be held, and shall proceed to a ballot; and all those members shall be elected to the Fellowship who have the votes of a majority of the Fellows present.

The first of these propositions, with trifling alterations, was carried; the latter was for the present dropped.

It is obvious that one of the most serious grievances in connexion with the election to the Fellowship, against which we have always protested, is thus practically removed.

Obituary.

HENRY BROWN, M.R.C.S.
(OF WINDSOR.)

HENRY BROWN was a native of Shropshire, and was educated at the Newport Grammar-school at the time when Dr. Scott was head master. Subsequently, at a very early age, he was placed as a pupil with the late Dr. Hughes, of Newport, Shropshire. Having completed the usual term of five years with him, he entered at the London Hospital, where he was distinguished as a steady and hard-working student. In 1827 he passed the examination at the Apothecaries' Hall, and in 1828 engaged himself as assistant to Mr. O'Reilly, who was at that time surgeon to George IV., and the royal household, Windsor Castle. At the end of two or three years he returned to the London Hospital, where he filled the post of dresser to Sir William Blizard so satisfactorily that at the end of the term of office the committee complimented him, and appointed him dresser for a further term without any extra fee, as a mark of the approbation of the surgeons of the institution. In 1832 he became a member of the Royal College of Surgeons, and soon after, as Mr. O'Reilly's health failed, the Marquis of Conyngham came to the London Hospital to request Mr. Brown, on behalf of the King, to return to Windsor, and attend at the castle during Mr. O'Reilly's illness, such was the estimation in which he was held even at that early period of his career.

On his return to Windsor, he entered into partnership with Mr. O'Reilly, and at his death, which occurred in 1833, Mr. Brown was appointed surgeon to the royal family, and the household at Windsor Castle, which post he continued to hold until 1866. During this period, 1833-66, he attended at various times George IV. and William IV., and since the accession of Queen Victoria he almost constantly attended her Majesty and the royal family, even at Balmoral and Osborne. For very many years he was the constant and sole medical attendant of the late Duchess of Kent, whose life was prolonged, under Providence, for several years by his skill and attention. During the last illness of the late Prince Consort, Mr. Brown was in regular attendance upon him. The death of the Prince following so soon that of the Duchess of Kent, to both of whom he was very warmly attached, affected his health very much, which has gradually declined ever since. Deafness came on and increased rapidly. He now felt the cares and responsibilities of practice more than he could bear. He suffered from weakness of the heart's action, which frequently produced faintness, and this was moreover accompanied by albuminuria. He therefore requested the Queen to dispense with his attendance, to which she reluctantly consented, and for the last two years he had quite retired from practice. The state of his health varied till about four months ago, when œdema of the lower extremities, with dyspnœa, came on, and he became gradually worse, and at length sank on October 24th, having just completed his 66th year, leaving a widow and two children, son and daughter.

In the course of his illness the Queen and other members of the royal family made frequent inquiries as to his condition. Mr. Brown was small and spare in figure, but with an immense amount of pluck and endurance. Formerly he always went his rounds on horseback, and frequently had to ride up to London and back again in addition to his daily work. He was of most abstemious and careful habits. By dint of great energy he was enabled to keep together a large and widely extended practice by his own personal exertions. Humble-minded, he was always anxious to keep himself in the background, and to allow others to reap the benefit of his skill and knowledge rather than run the risk of acquiring notoriety. He was of a genial disposition, having a kindly and homely manner with patients, giving his opinion in a quiet though decided way, and issuing his directions with great clearness and tact. Without a very large amount of book knowledge, he always managed to keep pace with the more important improvements in medical science. But he was particularly distinguished by great powers of observation, and a fine and accurate judgment. It was impossible to talk to him on any medical subject without gaining some useful practical hint. The effects of certain remedies which he had particularly noticed he imparted freely to medical men, but objected very strongly to having his name mentioned in connexion with them.

He first—or if not first, quite independently of any one else—used chloride of zinc as a caustic in cases of ulcerated cancer. He once related to the writer the manner in which he discovered its good and powerful effects as an escharotic. While attending a patient suffering from that disease, he was asked to suggest something to remove or destroy the unpleasant odour. He recommended chloride of zinc, and when he found that in addition to its deodorising qualities it made the surface of the sore more healthy, he increased the strength of the solution gradually, until at last the whole diseased mass came away; the wound granulated and entirely healed, and the patient, whose end was expected within a few months, lived in health and comfort for many years before the recurrence of the disease produced death. As long as twenty-five years ago he was in the habit of giving quinine largely in cases of acute rheumatism, and with great success. After a purgative, and a few doses of Scudamore's mixture, he ordered quinine, in two or three grain doses, every four hours. In cases where there is delirium he said it was especially useful; and certainly in a case of the writer's, where there was constant delirium and almost complete insensibility, quinine had a marvellous effect, quieting the delirium, producing natural sleep, and putting a speedy termination to the complaint. These are among what may be called Mr. Brown's therapeutical discoveries.

His loss is deeply felt in the town and neighbourhood. Although leading a very quiet and unostentatious life, he had gained a large circle of earnest and loving friends, who will probably never again meet with a man so humble-minded, so

upright and honest, and with so firm and unflinching a sense of duty.

THOMAS HUTCHINSON PYLE, M.R.C.S.
(OF NEWCASTLE-ON-TYNE.)

FEW faces were more familiar to the people and the profession of the neighbourhood of Newcastle-on-Tyne than that of Mr. Pyle, of Earsdon; and it was the occasion of great sadness when the papers of the neighbourhood this week announced his death. For forty years he has been doing in Earsdon and the adjoining neighbourhood the hard work of a country practitioner. Though he worked hard in practice he took pleasure in public movements, political or social, and his great energy was shown in going far and wide to promote these, and yet not neglecting his own duties. Illustrative of this was his great desire within a very few weeks of his death to be present at a meeting in Stockton, forty miles from his residence, notwithstanding the serious disease under which he laboured, and to which we shall presently allude. Mr. Pyle was not only often met, but it was always a pleasure to meet him, for he was a remarkably fine-looking, genial, intelligent man. And in conversation, either on medical points, or on his favourite subject of teetotalism, he was sure to have something pointed and practical to say. The apprentice originally of Dr. Watson, of the firm Watson and Bramwell, of North Shields, who had had much experience in the diseases of the slave trade, and a principal practitioner in his own neighbourhood, he naturally acquired strong opinions on matters of practice, which were always listened to with respect either in the Medical Society of Newcastle or in private conversation. The disease of which he died was aneurism of the aorta. He was accustomed to date the origin of it nearly two years back, to one night when he had to go laboriously and quickly through fields of deep snow to a bad midwifery case about three miles from his house. Last year he saw Dr. Peacock, of London, by whom, as well as by Drs. Charlton and White, of Newcastle, the disease was only too well ascertained. He knew of it himself, and latterly took great interest in describing it to his medical brethren. It was his strong wish that a post-mortem examination should be made by Dr. Philipson, of Newcastle, who accordingly made it, and found most extensive atheroma and dilatation of the aorta up to the large sac of the aneurism, which was seated in that portion of the vessel just beyond the giving off of the large vessels. The left pleura contained a large quantity of recent clot. Occasional faintness, intermitting pulse, and latterly visible pulsation, with dulness and a double bruit over the middle and to the right of the sternum, were the symptoms. The bruit was audible at the back of the chest. A week before his death he walked two or three miles, and three or four days before attended a missionary meeting, after which he felt chilled. Vomiting came on, with some dysphagia, and fits of bad breathing, and pain in the left side. He died rapidly, but not suddenly, on the morning of the 25th instant. Few men were more liked, and few will be more missed than Pyle, of Earsdon.

W. WILLIAMS, F.R.C.S.
(OF DOLGELLY.)

MR. WILLIAMS was returning home from visiting a patient in the neighbourhood of Talyllyn, when he fell off his horse, and was found shortly afterwards on the road in a state of insensibility. He died on the following day, in his fifty-second year.

By his professional skill, Mr. Williams had acquired for himself a wide reputation, and he enjoyed an extensive practice as a surgeon. He was much respected throughout the county, and many among all classes have to deplore the loss of a faithful friend, and a kind, trusted adviser.

COMPRESSION IN EPILEPSY.—A quarryman (mentioned by M. Broca at the Academy of Medicine) had frequent epileptic fits, the advent of which he could tell by spasmodic twitchings of the right index-finger. To prevent the propagation of the irritation from the peripheral nerves to the central axis, M. Rozier, of Bordeaux, had a very ingeniously contrived compressor constructed, by means of which the radial and median nerve could be commanded immediately the aura was felt. This has answered the purpose for eleven months, the patient having been able to prevent all the attacks of which the aura had given him notice.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 22nd:—

England, George, Handsworth.
Fielding, Thomas, Milton Abbas, Blandford.
Giddings, John Allan, Old Trafford, Manchester.
Higgs, Frederick Seagrave, Twyford, Melton Mowbray.
Littlejohn, Saltern George, Gresham-street, E.C.
McClean, Edward Henry, Barbadoes, West Indies.
Pickburn, Thomas James, Fisherton House, Salisbury.
Timmins, John Aaron James, Granville-square.

The following gentleman also on the same day passed his first examination:—

Grover, John Pollington, Guy's Hospital.

THE foundation stone of a new Convalescent Home, to be erected by the liberality of Mr. Charles Brook, jun., was laid on Wednesday last at Meltham Mills, near Huddersfield, with masonic honours, by the Earl de Grey and Ripon. The building, which will cost £30,000, is intended as an adjunct to the Infirmary of that town, and is being erected by Mr. Brook, who is about leaving the district, as an indication of his interest in the welfare of the people amongst whom he has lived for many years.—*Pall Mall Gazette.*

PROFESSOR FRANKLAND, F.R.S., will commence an evening series of lectures on "The First Principles of Chemistry," on Wednesday next, at the Royal School of Mines, Jermyn-street.

MEDICAL HONOURS.—At a meeting of the President and Fellows of the King and Queen's College of Physicians, Dublin, on the 19th inst., the honorary degree of the Fellowship of the College was conferred on Dr. Minter, R.N.

AN epidemic of catarrhal ophthalmia has prevailed since the commencement of the summer in Aylesbury Union district, as well among paupers in the house as among the outdoor poor and the general population, especially children.

THE Board of Management has invited a limited number of architects to submit designs for the proposed new Poplar and Stepney Sick Asylum, to be built at Bromley. The instructions require accommodation for 265 men and 345 women, on the pavilion principle, provision being made for 15 lying-in cases and 100 foul cases. Eleven designs have been sent in, and the drawings are exhibited in a room at the Stepney Workhouse.

WORKMEN'S DWELLINGS.—An experiment on a rather extensive scale has been commenced at Loughborough-park, Brixton, for the supply of houses suitable for the better class of artisans and others who may desire to become house-owners. About 650 houses are to be erected, each with a garden, and the tenants will be able to purchase by payments in the shape of rent extending over fourteen years.

A FEVER NEST.—Mr. Ball, medical officer of the Mevagissey district, St. Austell Union, has brought under the notice of the guardians the prevalence of fever at Gorran Haven, a place "indescribably filthy," with a "great want of closets," and cesspools close outside the doors of the houses. There were four cases of fever in one house.

IN a notice of the building operations and sanitary improvements effected within the last few years in Barnsley and its neighbourhood, the *Builder* states that a new wing is about to be added to the Beckett Dispensary, to provide an infirmary for the reception of the casualties which are constantly occurring in the district collieries and works. It will be remembered that this institution was built and presented to the town of Barnsley a few years ago by Mr. F. J. Beckett, of Torquay.

SANITARY subjects formed the theme of a five days' discussion at the meeting of the Association of Naturalists and Physicians of Germany, held last month at Dresden. Resolutions were adopted affirming the paramount importance of the removal of all dirt, rubbish, and other offensive matter (liquid as well as solid) from towns; the construction of sewers adequately ventilated was prescribed, as likewise the necessity of keeping the soil dry by proper drainage works, and the need of an abundant supply to all houses of fresh pure water. For human excreta, *fosses mobiles* were preferred to cesspits of any

kind, but the watercloset system was almost unanimously voted to be the means of removal best adapted for town requirements.

THE Committee of the Swansea Infirmary have appealed to the Board of Guardians for an increased annual subscription, on the ground that the new and greatly enlarged building now rapidly approaching completion will increase the sphere of operations of the Infirmary, and entail a heavy additional responsibility on the Committee, one important result being, moreover, an increased saving of parochial funds in the medical and surgical relief afforded to the sick poor. The appeal has been favourably entertained, and the amount to be subscribed in future is under consideration.

VERDICT OF MURDER AGAINST A SURGEON.—On Wednesday evening Dr. Diplock, the Coroner for West Middlesex, opened an investigation at the Commercial Hotel, King's-road, Chelsea, into the circumstances attending the death of Louisa Thomas, aged twenty-four.—Mary Ann Jarman said she was housemaid at the house of Mr. Powell, surgeon, King's-road, Chelsea. On Monday night, about seven o'clock, she opened the door for the deceased, and she went into the consulting-room with Mr. Powell. At about twenty minutes to ten Mr. Powell came out of the consulting-room, and sent her with a letter to Mr. Turner, of Portman-square.—Mr. Thomas Turner said he was a surgeon residing at 56, Portman-square. In consequence of a letter he went to Mr. Powell's house. The door of the consulting-room was locked, and Inspector Passmore, who accompanied him to the house, broke it open. On the floor of the room he found the deceased dead. The letter stated that Mr. Powell had been intimate with the deceased for some time.—Mr. R. W. Saimeinamer, F.R.C.S., deposed that in conjunction with Dr. Hunter he had made a post-mortem examination of the body. The deceased was two months advanced in pregnancy. The witness described minutely the condition of the deceased, and went on to state that an attempt had been made to procure abortion. The deceased suffered from disease of the heart. He did not say that death was caused by the attempt to procure abortion, but he thought that as the deceased was suffering under disease of the heart, the excitement consequent upon the attempt to procure abortion might have accelerated death, and it was just possible that she had died from natural causes. He did not think chloroform had been administered. There was no sofa in the room. Further evidence was given to the effect that Mr. Powell had left his residence, and was not to be found. The Coroner summed up at length. He said it was a strange case. They had heard the medical evidence. When a person was suffering under a disease, and death was caused partly by that disease and partly by the act of another person, that party could not apportion the blame partly to disease and partly to his own act. That person in the eye of the law was responsible for the act which he had committed, particularly if that act accelerated death. The jury consulted, and after an hour's deliberation the court was opened, and the jury returned a verdict of "Wilful Murder" against Mr. J. Powell. The Coroner then handed his warrant for the apprehension of the accused to Inspectors Charlton and Passmore.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At the annual meeting of the College on the 21st instant, the following office-bearers were elected for the ensuing year:—President: James Spence.—Secretary: Dr. James Simson.—Treasurer: Dr. John Gairdner.—Librarian: Dr. Archibald Inglis.—President's Council: Dr. James Combe, Dr. Andrew Wood, Dr. Dunsmure, Dr. Gillespie, Mr. Wm. Walker, Dr. Littlejohn.—Examiners: Dr. Simson, Dr. Dumbreck, Dr. Inglis, Dr. Omond, Dr. Dunsmure, Dr. Handyside, Dr. Gillespie, Dr. Littlejohn, Dr. P. H. Watson, Dr. D. Wilson, Dr. J. Smith, Dr. Robertson.—Assessors to Examiners: Dr. J. S. Combe, Mr. J. Syme, Mr. Wm. Brown, Dr. Adam Hunter.—Conservator of Museum: Dr. W. R. Sanders.—Officer: John Dickie.

MEDICAL APPOINTMENTS.

AITKEN, J. M., M.D., has been appointed Consulting Surgeon to the Kilmarnock Fever Hospital and Dispensary.

BARCLAY, J., M.D., has been appointed Visitor of Houses licensed for the Reception of Lunatics within the County of Leicester.

BOWLAND, J., M.D., has been appointed Medical Officer to the Kilmarnock Fever Hospital and Infirmary.

CAREY, F. E., M.D., has been appointed Medical Officer to the Lunatic Asylum, Guernsey, vice De Beauvoir de Lisle, M.R.C.P.L., deceased.

COOKE, J., M.B., has been appointed a Medical Officer to the Hastings Dispensary.

FITZGIBBON, Dr. H., has been elected Medical Officer for the Howth Dispensary District of the North Dublin Union.

HENSMAN, Mr., M.R.C.S.E., has been appointed Assistant Medical Officer to the Devon County Lunatic Asylum, Exminster, vice Joseph P. Richards, M.R.C.S.E., appointed Medical Officer to the Middlesex County Lunatic Asylum, Hanwell.

JOYNAN, E. S., M.R.C.S.E., has been appointed House-Surgeon to the Macclesfield Dispensary, vice John Lyman, M.R.C.S.E., resigned.

MATTHEWS, J., M.R.C.S., &c., has been appointed Certifying Surgeon, under the provisions of the Factory Act, for the Carnforth and Holme Districts.

MERWIN, A. G., M.D., has been appointed Assistant Dental-Surgeon to the Dental Hospital of London, vice Hayward, resigned.

NETHERCLIFT, Mr. W. H., has been appointed House-Surgeon to the Royal Westminster Ophthalmic Hospital, vice Mr. J. F. P. M'Connell, whose term of office has expired.

PAXTON, J., M.D., has been appointed Consulting Physician to the Kilmarnock Fever Hospital and Dispensary.

PRIDD, W. J. P., M.D., has been appointed Medical Officer and Public Vaccinator for the Parish of Kilpatrick-Durham, Kirkcudbrightshire, vice J. D. Robertson, M.D., resigned.

THURSFIELD, T. G., M.D., has been appointed Certifying Factory Surgeon for the District of Broseley, Salop, vice Richard Thursfield, M.R.C.S.E., deceased.

WAYT, T., M.D., has been appointed Certifying Factory Surgeon for the District of Osmotherly, Yorkshire, vice H. Lumley, M.R.C.S.E., appointed Medical Officer for the Haughton-le-Skerne District of the Darlington Union.

WILLIAMS, W., M.D., has been appointed Medical Officer and Public Vaccinator for the Mold District of the Holywell Union, Flintshire.

WILSON, T., L.R.C.P.Ed., has been appointed Certifying Factory Surgeon for the Alton District, Hants.

Births, Marriages, and Deaths.

BIRTHS.

BROWN.—On the 21st inst., at Uppingham, the wife of Frederick Warren Brown, M.R.C.S.E., of a son.

COURTNEY.—On the 22nd inst., at Rock Ferry, Cheshire, the wife of C. F. A. Courtney, M.R.C.S.E., Surgeon R.N., of a daughter.

DYER.—On the 21st inst., at Ringwood, Hants, the wife of Samuel Sumner Dyer, M.D., of a son.

FAWSSETT.—On the 22nd inst., at Wisbeach, Cambridgeshire, the wife of F. Fawssett, M.D., of a son.

HUGHES.—On the 18th inst., at Exmouth, the wife of Dr. R. Hughes, of Brighton, of a son.

LATHBURY.—On the 27th inst., at Tabernacle-row, Finsbury, the wife of T. A. Lathbury, M.R.C.S.E., of a son.

MACKENZIE.—On the 20th inst., at Weymouth-street, Portland-place, the wife of Morell Mackenzie, M.D., of a daughter.

SIMPSON.—On the 22nd inst., at Canonbury-square, Islington, the wife of A. Simpson, M.D., of a son.

TEALE.—On the 19th inst., at Scarborough, the wife of John W. Teale, F.R.C.S.E., of a daughter.

MARRIAGES.

HOWARD—HEAP.—On the 22nd inst., at St. James Church, Milnrow, James Fielden Howard, M.D., of Shaw, to Jane Kershaw, eldest daughter of the late Thomas Heap, jun., Esq., of Haush, near Milnrow.

JESSOP—DYER.—On the 22nd inst., at Ringwood, Hants, Charles Moore Jessop, Staff Surgeon, to Ellen, eldest surviving daughter of the late Thomas Dyer, M.R.C.S.E., of that place.

KENDALL—NORMAN.—On the 22nd inst., at St. Nicholas Church, Great Yarmouth, T. E. O Kendall, of Fitzwilliam road, Clapham, only son of T. M. Kendall, F.R.C.S., of King's Lynn, to Emily, eldest daughter of R. R. B. Norman, M.R.C.S.

DEATHS.

CLARK.—On the 23rd inst., H. Clark, M.R.C.S.E., of Leamington, late Senior Surgeon H.E.I.Co.'s Bengal Service, aged 75.

DIVER.—On the 27th ult., at Rampart-row, Bombay, the wife of Thomas Diver, M.D.

EVES.—On the 22nd inst., Augustus Eves, M.D., of Cheltenham, aged 69.

FORTE.—On the 6th inst., of phthisis, at George-town, Demerara, A. C. Forte, M.D., M.R.C.S.E.

KNAPP.—On the 24th inst., J. M. Knapp, of Bath, Surgeon-Major late Bombay Army, aged 54.

MICHELL.—On the 10th inst., Slyman Michell, F.R.C.S.E., of Truro, Cornwall, aged 51.

MITCHELL.—On the 23rd inst., Kenneth Hargreaves, son of Thomas R. Mitchell, M.D., F.R.C.S., of Walton House, Felixstow.

MOXEY.—On the 15th inst., at Edinburgh House, Turnham-green, George Todd, the only child of D. A. Moxey, M.D., M.R.C.P.L.

PARTRIDGE.—On the 24th inst., A. Partridge, F.R.C.S.E., of All Saints, Colchester, Surgeon to the Essex and Colchester Hospital for forty-two years.

SMITH.—On the 17th inst., W. E. Smith, M.R.C.S.E., of Newstead-road, Liverpool, late of Blackburn.

WILLIAMS.—On the 22nd inst., at Menai-bridge, Anglesea, Florence Mary Gwen Williams, eldest daughter of D. W. Williams, M.D., aged 8 years.

Medical Diary of the Week.

Monday, Nov. 2.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON. — 8 P.M. Mr. Henry Lee, "On the Medio-Lateral Operation of Lithotomy."
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Mr. G. Laurie, "On Plastic Fillings of the Teeth."

Tuesday, Nov. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Nov. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON. — 8 P.M. Adjourned Discussion on the papers of Dr. Tilt and Dr. Meadows. — Dr. E. Copeman (*Norwich*), "On the Treatment of Imperforate Hymen." — And other papers by Dr. Cary and Dr. Martyn.

Thursday, Nov. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. J. Z. Laurence, "On Abnormal Lachrymation: its Causes and Treatment, especially by Excision of the Lachrymal Gland."

Friday, Nov. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Nov. 7.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

THE DEBATE ON BLEEDING.

Dr. Edwards Crisp writes to us to complain of our criticisms (in last week's LANCET) on the tone of some of the speakers at the Medical Society of London who argued in favour of a recurrence to the practice of bloodletting, and asks us to insert a "nearly *verbatim*" report of his own speech, which he sends us. As we did not mention Dr. Crisp at all, it would in any case be doubtful whether we ought to comply with his request. But unfortunately Dr. Crisp's report of his speech, though "nearly" *verbatim*, is not quite so. It includes narratives of some cases which are interesting in themselves, though they are open to the objection of being so meagre in detail as to afford no fair basis for a conclusion. It also includes a sensible suggestion that bleeding and stimulation might be employed simultaneously. But it does *not* include precisely the part of Dr. Crisp's speech to which the writer of our leading article must have referred, if he had Dr. Crisp in his mind at all—viz., the explicit declaration, which we understand that he made, in favour of deciding the phlebotomy question according to the dicta of empirical "experience," and his openly expressed contempt for "modern appliances" as guides to our decision, and "modern lights" who urge the necessity of employing such aids. That certainly means, if it means anything, that we are to reject the assistance of those medical aids to diagnosis and prognosis, the discovery of which is one of the chief glories of this century, and which have done so much to render observation precise and fruitful in results; and that we are to plunge again into the chaos of blind and endless controversy, maintained by combatants whose weapons would, as formerly, be "facts" which have never been verified by any philosophic system of tests. Truly, from such a course as this we "can look for nothing but confusion."

THE NEW PHARMACY ACT.

To the Editor of THE LANCET.

SIR,—Would you oblige me by replying to the following questions:—

1st. Does the Pharmacy Act, 1868, prohibit legally qualified practitioners engaged in practice, such as M.B.s, &c., from keeping an open shop in which to dispense and retail medicine, or is its object merely to raise the standard of qualification necessary to becoming a chemist or druggist, &c.?

2nd. In order that a M.B. may sell medicine, is it absolutely necessary that he should keep a qualified chemist or druggist &c. in his shop, or does keeping such a person enable a M.B. to do so?

3rd. If a M.B. cannot on any such conditions keep open shop in which to sell or dispense medicine, can he dispense drugs to his own patients, and charge them for those drugs along with his advice?

4th. Is a M.B. included in the reserving clause, p. 6, Pharmacy Act, 1868? "Nothing hereinbefore contained shall extend to or interfere with the business of any legally qualified apothecary." Yours truly,

Lanarkshire, October, 1868. M.B.

*** The Pharmacy Act, 1868, prohibits all persons, excepting registered chemists and druggists and pharmaceutists, and also *legally qualified apothecaries*, and members of the Royal College of Veterinary Surgeons, from retailing or dispensing, after the 1st of January next, any of the medicines included in the schedule of poisons appended to the Act. This important operation of the law was not contemplated or desired by the originators and promoters of the measure; for in the form in which the Bill was introduced, and in which it passed from the Lords to the Commons, the 10th clause exempted from its operation all legally qualified *medical practitioners*; but these terms were altered in the House of Commons, at the instance of the Privy Council, to legally qualified *apothecaries*. A medical man who is not a legally qualified apothecary, cannot, according to the strict interpretation of the Act, dispense the medicines specified even to his own patients, nor can he do so by keeping a registered chemist and druggist in his shop or dispensary for that purpose.

T. R. P., (New South Wales.)—1. If our correspondent return to England after the year 1870, without having been registered under the Chemists and Druggists Act, he will not be allowed to enter into business without an examination.—2. The fact of having served an apprenticeship by indenture in England will not avail. The Act says that it is necessary that persons should have been assistants three years *immediately* preceding the passing of the Act.—3. The only way open to our correspondent is to pass either the minor or the major examination of the Pharmaceutical Society.

THE letter of *Dr. Robinson*, of the Scots Fusilier Guards, shall appear next week.

C. H. would be glad if anyone could refer him to any work that treats on the subject of gases in the body and the production of fat.

EXTENSION OF THE CONTAGIOUS DISEASES ACT.

To the Editor of THE LANCET.

SIR,—In your journal of last week you have been kind enough to notice, in flattering terms, a paper read by me at the Western Medical and Surgical Society on the "Prevention of Contagious Venereal Disease." At the conclusion of the notice in question, however, a statement is attributed to me which is likely to cause misapprehension on a very important point. I am reported as saying that for the purpose of extending the present Contagious Diseases Act to London, 200 beds would suffice. What I said was, that 200 beds was probably an *over*-estimate of the amount of hospital accommodation at present provided in London, on the voluntary system, for females with venereal disease, and that this was ridiculously inadequate to the requirements of a population of two millions and a half.

I did not venture to estimate how many beds would really be necessary in order to enforce effectually the compulsory system in London; but I imagine it could not be less than four times the number above mentioned. The expense of providing this accommodation is now the only serious difficulty remaining to prevent the carrying out of this most urgent sanitary reform; but the present moment would seem to be a very opportune one for its discussion, when large pauper infirmaries are in course of erection in different parts of London, wards in which might, it appears to me, be very advantageously appropriated to this purpose.

I am, Sir, your obedient servant,

Berkeley-street, Piccadilly, Oct. 20th, 1868. JAMES B. LANE.

A Poor-law Substitute.—The Poor-law Board do not usually sanction the appointment of a non-resident medical officer when there is a fully qualified resident ready and willing to undertake the duty; and if the circumstances were explained to them, they would, doubtless, call upon the Board of Guardians to state why it has been thought necessary to depart from this very proper rule. We would recommend our correspondent to acquaint them with the facts.

THE letter of *Dr. W. Kershaw* shall receive attention next week.

THE BRITISH PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—In addition to the errors of the British Pharmacopœia corrected in your issue of the 17th instant, I notice another—viz., that *Suppositoria Plumbi Co.* has been omitted on page 231 from the list of preparations containing opium. Yours truly,

Guy's Hospital, Oct. 22nd, 1868. GEORGE ABBOTT.

THE CORRIGAN ELECTION FUND.

WE have been requested to publish the following circular, which has been largely distributed in Dublin:—

Dublin, 26th October, 1868.

SIR,—Believing the election to Parliament of an able and independent member of our profession to be an object of the highest importance, in a public as well as a professional point of view, we beg leave to ask your support and contribution towards a Guarantee Fund for the purpose of aiding the return of Sir Dominic Corrigan, Bart., for the City of Dublin.

The following gentlemen have to-day given us their names with the subscriptions placed opposite to them. We shall feel much obliged for an early reply, and will thank you to aid us amongst our professional brethren in your neighbourhood. Post-office orders and cheques may be made payable to any one of us.

R. D. LYONS, 8, Merrion-square, West.
R. MCDONNELL, 14, Lower Pembroke-street.
E. D. MAPOTHER, 125, Stephen's-green.

Dr. Robert McDonnell ...	£100	0	0	Dr. Walshe	£10	0	0
Dr. Robert D. Lyons ...	100	0	0	Dr. Isaac Ashe	5	0	0
Dr. E. D. Mapother ...	50	0	0	Dr. Wm. M'Cormac, Belfast	5	0	0
Dr. Fr. R. Cruise	50	0	0				
Dr. John Hughes	20	0	0	Dr. J. Cuming, Belfast ...	5	0	0
Dr. Robert Cryan	20	0	0	Dr. Henry J. Gogarty ...	5	0	0
Dr. Henry J. Tyrrell ...	20	0	0	Dr. P. C. Little	5	0	0
Dr. J. K. Forrest	20	0	0	Dr. W. H. O'Leary	5	0	0
Dr. T. Hayden	20	0	0	Dr. James Brady	3	0	0
Dr. Wm. Stokes, jun. ...	10	0	0	Dr. Davys, Swords	3	0	0
Dr. J. S. Hughes	10	0	0	Dr. S. M. M'Swiney	2	0	0
Dr. James Daly	10	0	0	Dr. Michael Shanley ...	2	0	0
Dr. W. J. Martin	10	0	0	Dr. Lynam	2	0	0

Medicus.—If it could be proved that the individual referred to by our correspondent represented himself to be a registered practitioner, or assumed the title of Surgeon or the like, legal proceedings could be taken against him under the Medical Act.

Geneva.—Our correspondent should apply to Mr. Napper, of Cranley.

A PLEA FOR PHOSPHORUS.

To the Editor of THE LANCET.

SIR,—As a re-issue of the British Pharmacopœia may be required at no distant time, I beg you will allow me to draw the attention of the Committee of the Council to the omission of an important remedy from the present edition, which entails great inconvenience, especially on those practitioners to whose lot it falls to have frequently to treat diseases of the nervous system. I refer to the fact of there being no preparation of phosphorus in the British Codex.

It is quite true that phosphorus is mentioned on p. 233 of that volume as "*a non-metallic element obtained from bones*," and that, at the end of that paragraph, acidum phosphoricum dilutum is given out as a preparation of phosphorus. But this is simply adding insult to injury; for those who know anything of phosphorus and phosphoric acid are well aware that the two substances are utterly different in their chemical, physiological, and therapeutical properties, and can no more be substituted for one another than can sulphur for sulphuric acid, or common salt for bromide of potassium.

Phosphoric acid is a refrigerant and gentle tonic, especially for the primæ viæ. Phosphorus has a peculiar and powerful influence upon the nutrition of the nervous centres.

Phosphorus requires extremely careful manipulation on the part of the chemist before we can safely administer it in cases of disease. It cannot be given in substance, but only dissolved in oil or ether.

To the compilers of the Prussian Pharmacopœia the merit is due of having first introduced the "oleum phosphoratum" as a standard preparation. "Huile phosphorée has now likewise being added to the French Codex.

The latter gives the following directions for the preparation of this substance: "Take of phosphorus, 2 grammes; oil of sweet almonds, 100 grammes. Put the oil into a bottle of such capacity as to be almost entirely filled by the same; then introduce the phosphorus, and let it be heated for fifteen or twenty minutes in the water-bath, taking care to shake it strongly from time to time. Keep the bottle closed, in order to avoid oxidation of the phosphorus; but place, at the beginning, a piece of paper between the stopper and the neck of the bottle, so as to leave an exit for the air inside. Let the oil cool, and when it has, by standing, become completely clarified, separate it by decanting from the precipitated phosphorus, and enclose it in small, well-closed vessels."

All these directions are extremely important; but it is impossible to put them into a prescription. Phosphorated oil, carefully prepared, should therefore form a necessary ingredient of the chemist's store. It is true that this preparation has a hideous taste and smell; but if made into an emulsion with mucilage, and flavoured with certain aromatic substances (such as the essential oil of cloves), it is easily taken by the most fastidious.

The hypophosphites of soda and lime are valuable preparations, and may be regarded as feeble substitutes for the mineral of which they are compounds; yet even they, although daily used by many physicians, are at present excluded from the Pharmacopœia. The hypophosphites are now kept in almost every chemist's shop; but it should be understood that they cannot replace the pure mineral.

At the present time the physician has, when prescribing phosphorus, to trust entirely to the discretion of the chemist, and frequent disappointment is the natural consequence. A proper solution of phosphorus cannot be made in less than twelve hours; yet prescriptions in which I have ordered it have been dispensed within twenty minutes! One is therefore under the disagreeable necessity of recommending one particular chemist, who will, by desire, keep phosphorated oil in stock, ready for dispensing. This is not as it should be; and I do hope that, by inserting this letter and ventilating the matter, you will cause a well-prepared "oleum phosphoratum" to be incorporated with the next edition of the national Pharmacopœia.

I am, Sir, your obedient servant,

London, October 24th, 1868. JULIUS ALTHAUS, M.D.

HYDROPHOBIA.

Cave Canem!—It would appear that rabies may result from the bite of a healthy dog. Dr. Beerel (of Sagan) relates, in the *Berl. Med. Woch.* of the 19th inst., the case of a lad, aged eighteen, who called upon him on the 21st of July, complaining of headache and pain in the lower ribs. Considering the case as common cold depending on the then existing great heat, Dr. Beerel prescribed ordinary medicine, and the patient went away. The next day the doctor was summoned to the patient's house, and told the latter was very ill. No particular objective symptoms were made out; but the friends said that a peculiar fit had just taken place. The medicine had not been touched; and on the doctor insisting that a spoon'ful should be taken, and offering it himself to the patient, a laryngeal spasm of a fearful description occurred. Now the case became clear: water and brilliant objects had the same effect, and the patient rolled in the bed, covered with a cold sweat. Dr. Beerel inquired whether the patient had lately been bitten by a dog, and was answered in the negative. On the point of leaving he renewed his question, and heard at last from the father that a dog, then in the room, being disturbed whilst eating by the patient on the 19th of July, the latter had been slightly bitten on the ankle. The wound was hardly visible. The dog was at once locked up, and the patient died on the 23rd. The dog remained under observation, but showed no signs of rabies. He was, however, in the habit of trying to bite when disturbed at his meals. Death had thus occurred in four days after the infliction of the wound; and this case would seem to suggest that *anger* may give a deadly property to the saliva of the dog.

Dr. W. P. O'Leary.—We regret our inability to afford our correspondent the information he requires. It might be obtained from the Clerk of the West Ham Union.

Mater.—The discussion which has taken place in our columns will, no doubt, be productive of good result.

Mr. Jessop's paper shall be inserted in an early number.

HOMŒOPATHY IN THE ABERDEEN INFIRMARY.

To the Editor of THE LANCET.

SIR,—Your information from the *Aberdeen Herald* is thus far correct. One physician of the infirmary has for the last three years been teaching and practising a system of therapeutics which he explains to be based upon the vaso-motor theory, but which some people consider as identical with the doctrine of the Hahnemann school. A correspondence of an unsatisfactory issue having lately ensued between that gentleman and his colleagues relative to this practice, the case has now been submitted to the decision of the managers of the infirmary. It is understood that the Governors of the institution are inclined to take up the matter, and to decide, not upon the medical question, as such, but upon the propriety of initiating such a novelty of practice without giving due notice to them and to the public. Here the matter rests for the present.

Whatever may be the issue of the case, I think that the gentleman whose name has been brought thus prominently before the public has reason to complain. He not only taught his doctrine and practised it in the infirmary for the last three years, but he read three papers on the subject before the Aberdeen Medico-Chirurgical Society during the last winter session. The discussions at the various meetings were unusually protracted. Some Professors of the University expressed their appreciation of the excellence of the papers. One of the physicians, who now joins in complaints before the managers, although he did not take part in the discussion, yet did join in a vote of thanks of the Society to his colleague for his excellent production. These papers have since been published in the *Edinburgh Medical Journal*, and, to my knowledge, have never been challenged by the medical press. Now, it appears to me that the medical press and the Medical Society are the only legitimate tribunals to judge the case, and not the tradesmen who have charge of the management of the Aberdeen Infirmary.

With the doctrine in question I have no sympathy, and of the practice I entirely disapprove. In opening the discussions at the meetings of the Society on the two occasions just referred to, I characterised the papers as a "baseless fabric," there being no connexion whatever between the vaso-motor theory and small doses, and that sort of thing. But I do sympathise with my friend, whom I consider to be a talented practitioner, a man of thought, and apt to teach. If he be misguided and crotchety in this particular, the managers of the Aberdeen Infirmary are, in my opinion, not fit to be his judges.

I remain, Sir, yours, &c.,

Glasgow, October 24th, 1868. J. R. WOLFE.

USE OF THE TITLE OF "DOCTOR" BY A M.B. OF LONDON.

Inquirer.—There is no justification of this in the circumstances mentioned. At page 121 of the University Calendar for this year it is stated: "The Senate desire it to be understood that Bachelors of Medicine of the University of London have no right, as such, to assume the title of Doctor of Medicine." No ethical principle can be clearer than that of respecting the conditions upon which one's own University gives its degrees. There is an additional examination to be passed for the Doctorate in the London University, unlike the case of the older Universities. Hence the injustice to the University, and to the true doctors of it, of prematurely using the highest title.

THE Chairman of the Gloucester Infirmary is thanked for his letter. We regret that it does not alter our opinion of the facts.

Mr. David Goyder.—Thanks.

One who has Served in the Field, and other Correspondents.—We cannot find room for all the letters we have received. Some angrily dissent from, and others cordially agree with, the letter of our correspondent published last week, which is what might be expected.

RETIREMENT OF SURGEONS-MAJOR.

REGARDING the reductions to which a new Parliament is pledged, *A Medical Officer* writes to us, pointing out that Surgeon-Major Tufnell has enjoyed an unexampled period of home service, and a lucrative private practice into the bargain; and that he was supposed to have voluntarily forfeited all claim to promotion from the rank of assistant-surgeon on the understanding that he should be allowed to retain the appointment which he has so long held, but the Medical Warrant, by giving the rank of surgeon-major to officers of twenty years' service, promoted him. Our correspondent is evidently very sore on the subject. He points out that the Government is subsidising an officer to carry on hospital and civil practice, and dwells upon the injustice which it entails upon other medical officers whose necessities compel them to go abroad when ordered, or retire from the service. A military prison is among the few appointments open to half-pay officers, and attendance on the staff would give work to a medical officer on full pay. Our correspondent, finally, asks whether Surgeon-Major Tufnell is ever going to retire? We do not know the merits of the case, and we consequently are not in a position to argue it with him, nor to gratify his curiosity. If his statements be correct, this officer at any rate cannot complain of bad luck in the service.

M.D., L.F.P. & S.G., L.M.—No judge would convict in such a case. At any rate no judge should be asked to convict. It is a mere accident of words that the certificate does not say "surgeon's certificate."

A. W. B.—Any gentleman holding a diploma from a recognised College.

THE CHOWNE RETIREMENT CONTROVERSY.

To the Editor of THE LANCET.

SIR,—I am very much pleased to see that "A Student of Charing-cross Hospital" has the interest of his school so much at heart as to publicly make inquiry concerning the very equivocal position held by Dr. Chowne. Doubtless the Dean will answer the inquiry fully and satisfactorily. But, as a student, I feel it my duty not to permit the present opportunity to pass without making a few words of comment upon the doctor's true or false position.

Dr. Chowne has virtually retired from doing any professional duty at the hospital. This is not only confirmed by his being appointed consulting physician, but also by the fact that a testimonial is to be formally presented to him, whereby his retirement must be publicly acknowledged and his past services recognised. Then why is the doctor's name placed in conjunction with that of Dr. Parsons in the hospital prospectus for the session 1868-69, when the learned doctor must know that he has no more legitimate right to state himself the Lecturer on Midwifery than your humble scribe? Dr. Chowne has really by his retirement given up every professional duty at the hospital; and the Governors have, in consideration of his long and meritorious services, granted him the honorary post of consulting physician. Far be it from me to say one word against my former teacher as a scholar, a gentleman, and a sincere well-wisher to Charing-cross Hospital; but his day is past, and he ought to make way for younger men—men equal to the requirements of science, as it ought to be taught at the present day, and as the examining boards demand that it should be taught. In plain terms, the time has arrived when Dr. Chowne must retire. It is to be hoped that he will take this hint, and act upon it without delay, thus showing the profession and students of the hospital that he is *ipso facto* its consulting physician.

Your obedient servant,

October, 1868. Y. Z.

PATHOLOGY AND TREATMENT OF CHOLERA.

A Surgeon of the Bengal Army forwards us a printed copy of an official communication, with a letter, on this subject, for which we cannot possibly find room. We do not believe that cholera consists in "an acute specific inflammation of from eight to nine superficial feet of the mucous membrane lining the stomach and intestines," or that Dr. Lionel Beale's researches can be really said to support that view; and, least of all, that antimony would cure the disease even if it were gastro-enteritis. As to a Dr. Carl Müller, of Vienna, having cured 319 cases of cholera with two-drachm doses of ipecacuanha, without losing a single case, we simply do not believe it. Ipecacuanha is of such undoubted efficacy in dysentery that its use in cholera suggested itself long ago to some medical officers in India, and we have the authority of one who personally witnessed the experiment for saying that it utterly failed.

Misreceipt.—1. If he assumes the title of Surgeon, and represents himself to be a qualified medical man, he is acting illegally.—2. The law would not recognise the mere loan of a name as a sufficient protection.—3. Proceedings might, we believe, be taken at once; but our correspondent should take legal advice.

Mr. Fox, (Plymouth.)—The case was as fully reported as its interest justified, and the demands upon our space permitted.

Dr. Woodward is thanked.

W. J. B.—We are informed that no such preparation exists. Any pharmaceutical chemist would afford our correspondent the information required.

MEDICAL CHARGES.

To the Editor of THE LANCET.

SIR,—Would some of your readers kindly answer the following questions: What is the ordinary charge for medical and surgical attendance, medicines, &c., to colliers, their wives, and families? Also, whether the single men pay at the same rate as married men? Yours obediently,

October, 1868. ALBION.

TYPHOID FEVER IN GLOUCESTER GAOL.

AT the Gloucester Michaelmas Sessions last week the recurrence of typhoid fever in the County Prison was brought under notice. The schoolmistress has lately died from typhoid fever, being the second of the prison officials who have fallen victims to that disease within a few months. It further appears that of late years there has been an alarming increase in attacks and fatal cases of typhoid fever within the prison. According to a statement in the *North Wilts Herald*, the increased prevalence of fever is probably connected in some way with an alteration made a few years ago in the drainage of the prison. There used to be an independent outfall for the drainage of the gaol into the river; but when the city sewers were constructed, the prison sewage was diverted into them. All the sewage of Gloucester is now turned into the Severn a few yards distant from the gaol, and the condition of the river (which also receives the sewage of other towns) has been greatly complained of this summer. The Court authorised the visiting justices to make further inquiries, and to obtain medical assistance to determine whether any alteration in the drainage or dietary would check the prevalence of fever.

THE letter of *B. R.* is very just in its observations, and shall have our attention.

Dr. Martin Miles.—1. A M.R.C.S. may fill up and sign the form.—2. No one but the possessor of a M.D. degree can append M.D. to his name.

THE SUPPLY OF WATER TO DUBLIN.

COMPLAINTS are made of the impurity of the water now supplied to Dublin from the new Roundwood reservoir, one of the alleged reasons for this unsatisfactory result of a heavy outlay being that the bottom of the reservoir is composed of peat bog. But a physician, writing to one of the Dublin journals, asserts that for many years the valley of the Vartry (the new source) was thickly populated, and that the soil has been thus greatly contaminated by excreta and sewage, which, now being dissolved out, render the water bad. The *Builder* remarks that engineers seldom pay the smallest attention to the character of the soil on which they propose to store up water, except in so far as its peculiarities are likely to affect the permanence of the storage embankment.

MEDICAL GRIEVANCES AND PARLIAMENTARY CANDIDATES.

To the Editor of THE LANCET.

SIR,—In my lectures on Public Health delivered last summer in the College of Surgeons, I directed attention to the grievances under which the Irish Poor-law medical officers labour. I have written in their behalf to two or three of my friends who are candidates for Parliamentary honours, and have received the enclosed encouraging letter from Mr. Purcell, Q.C. This is an opportune time for the friends of the Poor-law medical officers to obtain promises from candidate M.P.s that they will, if elected, help to remove the injustice of which these meritorious public officers complain.

I am, Sir, your obedient servant,

Dublin, October, 1868. CHARLES A. CAMERON

The following is the reply of Mr. Purcell:—

71, Harcourt-street, 22nd October, 1868.

MY DEAR CAMERON,—I entirely concur with you in the view you take of the claims of the Poor-law medical officers to a superannuation allowance. I cannot see in what respect their case is to be distinguished from that of officers of other departments of the public service. Having, as you are aware, four sons in the medical profession, three of whom are in the public service, I naturally feel a deep interest in the welfare of that profession. I have, therefore, no hesitation, in reply to your inquiry, in stating that should I be elected to represent the University, I shall specially devote myself to the interests of the profession, and to the removal of those grievances of which its members have justly a right to complain.

You are at liberty to make what use you please of this communication.

Yours very sincerely,

C. A. Cameron, Esq., M.D. THEOBALD ANDREW PURCELL.

A CORNISH SERVANT'S OPINION OF DOCTORS AND PHYSIC.

APROPOS of the medical practice of the last century, we make an extract from "The Diary of Mrs. Kitty Trevylyan," a popularly written novel, portraying the life and times of John Wesley. It contains a humorous illustration of what was very probably the feeling of the lower classes in the country at that time:—

"The Almighty, Betty says, knows what is the matter with Missis, and he can cure her if she is to be cured; and if not, all the journeys from one end of the world to the other will do nothing but wear out her strength the sooner. Least of all should she expect any good thing to come out of London, which she considers a very wicked place, where people dress in purple and scarlet, and fare sumptuously every day.

"She knows indeed, sure enough (this in answer to my humble remonstrance) that we are to 'use the means;' but she will never believe that it is using the means to fly all over the country, like anything mazed, after doctors. There is peppermint and horehound, and a sight more wholesome herbs, which the Almighty has set at our doors. And there's a doctor at Falmouth, who has blooded, leeched, and blistered all the folks for fifty years; and if the folks haven't all got better, there's some folks that never will get better if you blooded and blistered them for ever. She says also that there is plenty against doctors in the Bible, and nothing for them that ever she saw. King Asa got no good by seeking after them, and the poor foolish woman in the Gospel spent all her living on them, and was nothing better, but rather worse."

SWANSEA.

We referred last week to a falling off of late in the health of Swansea, for which a letter in the *Cambrian* newspaper of the 23rd instant suggests some rather strong reasons. It is there stated that as regards some parts of the town: "Every time there is a heavy fall of rain, the main sewer, being too small to carry it off, gets choked, consequently very offensive liquid privy soil and other filthy matter oozes or bubbles up most rapidly through the gullies in the various drained kitchens, very often to the height of sixteen or eighteen inches, destroying both goods, stores, and furniture—in some cases to a very serious amount. When it recedes, it leaves a stench which requires a very strong constitution to withstand." These are very serious sanitary defects, and such as would undoubtedly tend to develop disease. The allegation that the Local Board of Health has been memorialised as to these defects, but without leading to any promise of their amendment, will no doubt provoke further discussion, and may perhaps suggest such remedies as are necessary.

QUARANTINE.

Without going so far as to advocate a rigorous system of quarantine for the prevention of the spread of contagious or epidemic disorders, the general application of which we consider would be simply impracticable in the present day, we nevertheless believe that there are circumstances under which it may be most advantageously adopted. If one successful result does not establish the efficacy of the practice, it is at any rate calculated to arrest attention. Whilst cholera was raging in Guadaloupe in 1866, a boat succeeded in eluding the quarantine officers, and landed at a village in Dominica. Two of the boat's crew died of cholera, and seven or eight cases occurred in the village. The Governor, under the advice of the medical head of the Board of Health at Dominica, drew a cordon round the village, and did not allow a soul to quit or enter it, and the disease did not extend.

Dr. Black.—As soon as possible.

UNPROFESSIONAL ANNOUNCEMENTS.

Our attention has been directed to the following circular and advertisements. Comment is unnecessary:—

"NOTICE.—It having been circulated by some evil-disposed person, much to my detriment, that I have relinquished practice at 7, St. James's-road, I beg to state that such is not the case, but having been solicited by my patients who reside near Tollington-road to be nearer them, induced me to fix my residence there; but I wish it to be understood by my numerous friends and patients that I still keep on my surgery at St. James's-road, under an able substitute, and I attend there daily for any that may require my especial services and attention as before.

"J. WHITEHEAD, M.D., L.S.A.

"Upper Tollington-road, Holloway, October 17th, 1868."

"Walter G. Freer, Surgeon, is very thankful to announce to his friends that his association with Mr. Watkin Williams has quite ceased. W. G. Freer also begs to inform his patients that he may be consulted at his rooms, 25, Newhall-street, from 9 until 11 each morning; and at his residence, Sohohill, Handsworth, after 5 each evening."—*Birmingham Daily Post*, Tuesday, October 20th, 1868.

"G. T. May, Surgeon, Well-street, Tunstall, has decided to establish a Club for the benefit of the working classes, by which males and females may have medicine and attendance on payment of one penny per week each member. Entrance fee, with book, 4*d*. For further particulars apply to Mr. Williamson Turner, Mount-street, Tunstall."

Notes.—1. "Medical botanists" and "botanical druggists," we are informed, are not eligible for registration as chemists and druggists under the Pharmacy Act.—2. Certainly not.

THE letter of *Investigator* will probably appear next week.

SCARLATINA: ITS TREATMENT AND PREVENTION.

To the Editor of THE LANCET.

SIR,—The observations made by you in your impression of Oct. 17th with reference to the prevalence of scarlatina induce me to re-direct attention to a remedy in its treatment—chlorine. The formula given by Watson in the fourth edition of the "Practice of Physic" is the one I have prepared it by, and its exhibition in a serious epidemic which visited us two years since convinced me of its wonderful utility in the treatment of this disease. Whilst I would thus direct attention to chlorine as a curative agent in scarlatina, I wish to put on record evidence of its powers as a preventive, and for this purpose I propose to contribute a paper, illustrated by cases, in which the two qualities have been satisfactorily tested.

I append the formula from Watson:—Put eight grains of powdered chlorate of potash in a pint bottle (previously warmed), and pour upon them one drachm of hydrochloric acid. Keep the mouth of the bottle closed until the violent action has ceased; then add an ounce of water, and shake the mixture well; then add another ounce of water, and so on until the bottle is full. A tablespoonful or two of this mixture according to age."

For prevention, wherever scarlatina has broken out, the mixture should be used by all, attacked or likely to be attacked.

I remain, Sir, yours faithfully,

W. ST. JOHN COLEMAN, L.C.P., L.R.C.S.I.

Wavelands, Milltown Malbay, Oct. 20th, 1868.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Humphry, Cambridge; Sir D. Corrigan, Dublin; Dr. Tuke; Dr. Murray; Dr. Marcet; Mr. Maunder; Dr. Murchison; Mr. Curgenven; Mr. Lathbury; Dr. Forte; Dr. Rowe; Mr. Fairweather; Mr. Wilson; Dr. Black, Glasgow; Dr. Barlow, Manchester; Dr. Kershaw, Royton; Mr. Sarjeant; Mr. Brown; Mr. Gill; Dr. Horner; Mr. Byass; Mr. Vacher; Mr. Gaffney; Mr. Fielding, Alfreton; Mr. Jessop, Leeds; Dr. Althaus; Dr. Woodward; Dr. Wallace, Liverpool; Dr. Richards, Bala; Mr. Chambers; Mr. C. R. Jones; Mr. Meadows, Otley; Mr. Holden; Mr. Goddard; Dr. Gibson; Mr. Harrison; Mr. Payne, Sutton; Dr. Stephens; Mr. Brown, Uppingham; Mr. Rayner; Mr. Hodson, Manchester; Mr. Abbott; Mr. Little; Dr. Williams, Menai Bridge; Mr. King; Dr. Broom, Glais; Mr. Barker; Dr. Frankland; Mr. Newton; Dr. O'Leary, Charleville; Mr. Steel; Dr. Walker; Mr. Blundell, Eltham; Mr. F. Elsom; Mr. Haigh; Dr. Nilson, Alton; Dr. Bryan, Northampton; Mr. M. Braine, Erfurt; Dr. Moxey, Turnham-green; Mr. M'Dean; Dr. Cuming, Belfast; Mr. Taggert; Mr. Miller; Dr. Clouston; Mr. Richards; Mr. Robertson, Edinburgh; Mr. Leonard; Dr. Fawcett, Wisbeach; Rev. T. White, Lynn; Dr. Syson, Salford; Mr. Shadgett, Gloucester; Mr. Seddon; Mr. England; Mr. Watson; Dr. Martin, Little Halton; Dr. Gibbons, Wolverhampton; Dr. Jeaffreson; Dr. Diver, Bombay; Dr. Taylor, Nottingham; Dr. Goyder, Bradford; Dr. Cameron; Mr. J. Z. Laurence, Rochester; Dr. Nicholls, Chelmsford; Mr. Cooper; Mr. Poole; Mr. Rickards; Mr. Higginbottam, Nottingham; Dr. Thorpe; Mr. Gilbert; Mr. Thomas; Mr. Thorne, Edgeware; Mr. Temple; Mr. R. Danton, Belfast; Mr. Macdonald, Dumfries; Dr. Black, New Brighton; Mr. Felce; Mr. Bradbury, Salford; Mr. Lander, Bromfield; Dr. Worthington, Worthing; Mr. Nicholson; Mr. J. Matthews, Yealand Conyers; Dr. Caldwell, Motherwell; Dr. Hanks; Dr. Muspratt, Liverpool; Mr. Barnard, Julpigoree; Mr. Gillingham; Dr. Handyside; Dr. Davies; Dr. Miall, Bradford; Dr. Dyer, Ringwood; Mr. Lee, Halifax; Mr. Taylor, Taunton; Mr. Netherclift; Mr. Kenny; Dr. March, Rochdale; Mr. Goodwin; Mr. F. D. Smith; Mater; Microscopist; Y. Z.; Investigator; B. R.; Albion; M.D., L.F.P.S.; A. L. M.; One who has Served in the Field; A Subscriber to the Medical Benevolent College; An Ex-Military Surgeon; W. F.; A Candidate; A Constant Subscriber; The Mayor of Hastings; The Father of an Old Epsomian; W. G. B.; C. H.; Magister in Chirurgia; A Candidate; A. W. B.; J. H.; A Licentiate; Zeta; Medicus; F.R.C.S.; Come and See; L.R.C.P. Edin.; Surgeon; Royal Institution; M.R.C.P.; J. N.; S. L.; &c. &c.

Brighton Times, Birmingham Daily Post, Jamaica Guardian, Bucks Herald, New York Medical Gazette, Gateshead Observer, Lincolnshire Chronicle, Aberdeen Herald, Star of the West (Trinidad), *Surrey Advertiser, Brighton Gazette, Cambrian, Cheltenham Examiner, Aberdeen Free Press, Shadow, Bristol Mercury, Islington Gazette, Tower Hamlets Gazette, Quebec Morning Chronicle*, and *Berrow's Worcester Journal* have been received.

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